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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N32543** (3)

1. Corporation Name

**TAMPA BAY HOLOCAUST MEMORIAL MUSEUM AND EDUCATIO
NAL CENTER, INC.**



Principal Place of Business

Mailing Address

**6529 CENTRAL AVENUE
ST. PETERSBURG FL 33710**

**6529 CENTRAL AVENUE
ST. PETERSBURG FL 33710-8412**

3. Date Incorporated or Qualified
05/25/1989

3a. Date of Last Report
02/09/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2981494

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SNYDER, D JAY
100 SECOND AVENUE SOUTH
SUITE 400
ST. PETERSBURG FL 33701**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DC** ☐ DELETE
NAME **LOEBENBERG, WALTER**
STREET ADDRESS **6529 CENTRAL AVE**
CITY-ST-ZIP **ST PETERSBURG FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **GOETZ, JOEL**
STREET ADDRESS **113 ST**
CITY-ST-ZIP **MADERIA BEACH FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **Amy Epstein**
2.4 CITY-ST-ZIP **5001 113th Street**
Madeira Beach FL 33708

TITLE **D** ☐ DELETE
NAME **MARTIN, PAUL**
STREET ADDRESS **6529 CENTRAL AVE**
CITY-ST-ZIP **ST PETERSBURG FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **DP** ☐ DELETE
NAME **PERKINS, MARC**
STREET ADDRESS **113 ST**
CITY-ST-ZIP **MADEIRA BCH FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

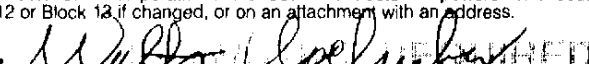
TITLE **DS** ☐ DELETE
NAME **RIBA, S. DAVID**
STREET ADDRESS **113 ST**
CITY-ST-ZIP **MADEIRA BCH FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **DT** ☐ DELETE
NAME **EISENSTADT, DEBORAH**
STREET ADDRESS **113 ST**
CITY-ST-ZIP **MADEIRA BCH FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: 
Walter Loebenberg, Chairman

01/14/97

(813) 392-4678

Date

Daytime Phone # 0050744

CR2E037 (9/96)