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Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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

3. Date Incorporated or Qualified

05/25/1989

4. FEI Number

59-2981494

Applied For

Not Applicable

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

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  
NAME LOEBENBERG, WALTER  
STREET ADDRESS 6529 CENTRAL AVE  
CITY-ST-ZIP ST PETERSBURG FL

DELETE

TITLE D  
NAME EPSTEIN, AMY  
STREET ADDRESS 5001 113TH ST  
CITY-ST-ZIP MADEIRA BEACH FL

DELETE

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

DELETE

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

DELETE

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

DELETE

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

DELETE

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

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

14. I 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:

January 26th, 1998

CR2E037 (1097)