

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2004 8:00 am**  
**Secretary of State**

03-30-2004 90008 029 \*\*\*\*61.25

**DOCUMENT # N32543**

1. Entity Name  
**FLORIDA HOLOCAUST MUSEUM, INC.**



Principal Place of Business  
**55 5TH STREET SOUTH  
SAINT PETERSBURG, FL 33701**

Mailing Address  
**55 5TH STREET SOUTH  
SAINT PETERSBURG, FL 33701**

**94039622**



01212004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2981494**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SNYDER, D JAY  
6529 CENTRAL AVENUE  
SAINT PETERSBURG, FL 33710**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C  
EPSTEIN, AMY  
55 5TH STREET SOUTH  
SAINT PETERSBURG, FL 33701**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PT  
MARTIN, PAUL  
55 5TH STREET SOUTH  
SAINT PETERSBURG, FL 33701**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
LOFTUS, JOHN  
55 5TH STREET SOUTH  
SAINT PETERSBURG, FL 33701**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
SIMON, GEOFFREY  
55 5TH STREET SOUTH  
SAINT PETERSBURG, FL 33701**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
SCHICK, LISL  
55 5TH STREET SOUTH  
SAINT PETERSBURG, FL 33701**

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Karen J. Subisil*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-24-04*  
Date

Daytime Phone #