2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005
Secretary of State

DOCUMENT# N32543

Entity Name: FLORIDA HOLOCAUST MUSEUM, INC.

Current Principal Place of Business:

55 5TH STREET SOUTH
SAINT PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

55 5TH STREET SOUTH
SAINT PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 59-2981494 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DC	( ) Delete
Name:	LOEBENBERG, WALTER	
Address:	6529 CENTRAL AVE	
City-St-Zip:	ST PETERSBURG, FL	
Title:	C	( ) Delete
Name:	EPSTEIN, AMY	
Address:	55 5TH STREET SOUTH	
City-St-Zip:	SAINT PETERSBURG, FL 33701	
Title:	PT	( ) Delete
Name:	MARTIN, PAUL,	
Address:	55 5TH STREET SOUTH	
City-St-Zip:	SAINT PETERSBURG, FL 33701	
Title:	VD	( ) Delete
Name:	LOFTUS, JOHN	
Address:	55 5TH STREET SOUTH	
City-St-Zip:	SAINT PETERSBURG, FL 33701	
Title:	P	( ) Delete
Name:	SIMON, GEOFFREY	
Address:	55 5TH STREET SOUTH	
City-St-Zip:	SAINT PETERSBURG, FL 33701	
Title:	S	( ) Delete
Name:	SCHICK, LISL	
Address:	55 5TH STREET SOUTH	
City-St-Zip:	SAINT PETERSBURG, FL 33701	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	LEVY, STANLEY	
Address:	55 5TH STREET SOUTH	
City-St-Zip:	SAINT PETERSBURG, FL 33701	
Title:	P	(X) Change ( ) Addition
Name:	GREENE, MARCUS	
Address:	55 5TH STREET SOUTH	
City-St-Zip:	SAINT PETERSBURG, FL 33701	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN JUBRAIL CFO 03/03/2005

Electronic Signature of Signing Officer or Director — Date