

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749351

**Entity Name:** HOLOCAUST DOCUMENTATION AND EDUCATION CENTER, INC.

**FILED**  
**Apr 09, 2018**  
**Secretary of State**  
**CC2097765901**

**Current Principal Place of Business:**

303 N. FEDERAL HIGHWAY  
DANIA BEACH, FL 33020

**Current Mailing Address:**

303 N. FEDERAL HIGHWAY  
DANIA BEACH, FL 33020 US

**FEI Number: 59-1992826**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KENIGSBERG, ROSITTA E  
303 N. FEDERAL HIGHWAY  
DANIA BEACH, FL 33020 US

*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

**Officer/Director Detail :**

Title VP  
Name O'NEILL, PAT  
Address 9401 BISCAYNE BLVD.  
City-State-Zip: MIAMI SHORES FL 33138

Title PRESIDENT  
Name KENIGSBERG, ROSITTA  
Address 520 HOLIDAY DRIVE  
City-State-Zip: HALLANDALE FL 33009

Title CHAIRMAN  
Name SCHULMAN, DAVID B.  
Address 1000 CORPORATE DR. 7TH FLOOR  
City-State-Zip: FT. LAUDERDALE FL 33334-3638

Title VP  
Name EDELSBURG, SUSIE  
Address 401 ALAMANDA DR.  
City-State-Zip: HALLANDALE BEACH FL 33009

Title TREASURER  
Name EDELCUP, NORMAN  
Address 244 ATLANTIC ISLE  
City-State-Zip: SUNNY ISLES BEACH FL 33160-4516

*I hereby 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 all other like empowered.*

**SIGNATURE: ROSITTA E. KENIGSBERG**

**PRESIDENT**

**04/09/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date