

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749351

**FILED**  
**Apr 15, 2016**  
**Secretary of State**  
**CC2780728613**

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

**Current Principal Place of Business:**

2031 HARRISON STREET  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

2031 HARRISON STREET  
HOLLYWOOD, FL 33020 US

**FEI Number:** 59-1992826

**Certificate of Status Desired:** No

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

KENIGSBERG, ROSITTA E  
2031 HARRISON STREET  
HOLLYWOOD, 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 HOFRICHTER, RITA  
Address 251-174TH ST., #1819  
City-State-Zip: N. MIAMI BEACH FL 33160

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 GELLER, STEVEN A SEN.  
Address 200 E. BROWARD BLVD.  
1800  
City-State-Zip: FT. LAUDERDALE FL 33301

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

*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**

**04/15/2016**

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

\_\_\_\_\_  
Date