

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 24, 2013
Secretary of State
CC2258332948

Entity Name: SOUTHWEST FLORIDA HOLOCAUST MUSEUM INC.

Current Principal Place of Business:

4760 TAMIAMI TRAIL NORTH
STE 7
NAPLES, FL 34103

Current Mailing Address:

4760 TAMIAMI TRAIL NORTH
STE 7
NAPLES, FL 34103

FEI Number: 59-3740883

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BIALEK, JOSHUA M
9132 STRADA PLACE
3RD FLOOR
NAPLES, FL 34108-2683 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 P
Name BIALEK, JOSHUA M
Address 4760 TAMIAMI TRAIL NORTH, SUITE 7
City-State-Zip: NAPLES FL 34103

Title VP
Name BERKELEY, HERB
Address 4760 TAMIAMI TRAIL NORTH, SUITE 7
City-State-Zip: NAPLES FL 34108

Title VP
Name DAURAY, CHARLES J
Address 4760 TAMIAMI TRAIL NORTH, SUITE 7
City-State-Zip: NAPLES FL 34103

Title VP
Name NORTMAN, JACK
Address 4760 TAMIAMI TRAIL NORTH, SUITE 7
City-State-Zip: NAPLES FL 34103

Title VP
Name YOvanovich, RICHARD D
Address 4760 TAMIAMI TRAIL NORTH, SUITE 7
City-State-Zip: NAPLES FL 34103

Title S, T
Name KAPLAN, RONALD E
Address 4760 TAMIAMI TRAIL NORTH, SUITE 7
City-State-Zip: NAPLES FL 34103

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: JOSHUA M. BIALEK

BOARD PRESIDENT

04/24/2013

Electronic Signature of Signing Officer/Director Detail

Date