

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000000676

**Entity Name:** THE HOLOCAUST MUSEUM & EDUCATION CENTER OF  
SOUTHWEST FLORIDA, INC.

**FILED**  
**Feb 01, 2017**  
**Secretary of State**  
**CC8981153329**

**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 US

**FEI Number: 59-3740883**

**Certificate of Status Desired: No**

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

HUJSA, HOWARD M ESQ  
% CUMMINGS & LOCKWOOD LLC  
3001 TAMIAMI TRAIL NORTH, STE 400  
NAPLES, FL 34103 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           BOARD CHAIR  
Name           BERKELEY, HERB  
Address        4760 TAMIAMI TRAIL NORTH, SUITE 7  
City-State-Zip: NAPLES FL 34108

Title           TREASURER  
Name           STROME, STEPHEN  
Address        4760 TAMIAMI TRAIL NORTH  
                  STE 7  
City-State-Zip: NAPLES FL 34103

Title           EXECUTIVE DIRECTOR  
Name           SNYDER, AMY L.  
Address        4760 TAMIAMI TRAIL NORTH  
                  STE 7  
City-State-Zip: NAPLES FL 34103

Title           SECRETARY  
Name           NEILL, DAVE  
Address        4760 TAMIAMI TRAIL NORTH  
                  STE 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: AMY L. SNYDER**

**EXECUTIVE DIRECTOR**

**02/01/2017**

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

\_\_\_\_\_  
Date