## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000676

Entity Name: THE HOLOCAUST MUSEUM & EDUCATION CENTER OF

SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:** 975 IMPERIAL GOLF COURSE BLVD, SUITE 108

NAPLES, FL 34110

**Current Mailing Address:** 

975 IMPERIAL GOLF COURSE BLVD, SUITE 108

NAPLES, FL 34110 US

FEI Number: 59-3740883 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SUAREZ, SUSAN L 975 IMPERIAL GOLF COURSE BLVD, SUITE 108 NAPLES, FL 34110 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: SUSAN L. SUAREZ 01/11/2021

Electronic Signature of Registered Agent

Officer/Director Detail:

Title **BOARD CHAIR** Title **TREASURER** Name STROME, STEPHEN Name NOSSEN, ROB

975 IMPERIAL GOLF COURSE BLVD, 975 IMPERIAL GOLF COURSE BLVD. Address Address

> SUITE 108 SUITE 108

City-State-Zip: NAPLES FL 34110 City-State-Zip: NAPLES FL 34110

Title PRESIDENT & CEO Title SECRETARY

Name SUAREZ, SUSAN L. Name YOVANOVICH, RICHARD

Address 975 IMPERIAL GOLF COURSE BLVD, Address 975 IMPERIAL GOLF COURSE BLVD,

> SUITE 108 SUITE 108

NAPLES FL 34110 NAPLES FL 34110 City-State-Zip: City-State-Zip:

Title VICE CHAIR Title **GOVERNANCE CHAIR** 

Name ROTH, FRED Name PRICE, STUART

975 IMPERIAL GOLF COURSE BLVD, 975 IMPERIAL GOLF COURSE BLVD. Address Address

> SUITE 108 SUITE 108

City-State-Zip: NAPLES FL 34110 City-State-Zip: NAPLES FL 34110

Title **DEVELOPMENT CHAIR** Title PAST CHAIR Name LERNER, MAUREEN Name BERKELEY, HERB

975 IMPERIAL GOLF COURSE BLVD, 975 IMPERIAL GOLF COURSE BLVD, Address Address

SUITE 108 SUITE 108

NAPLES FL 34110 City-State-Zip: NAPLES FL 34110 City-State-Zip:

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.

01/11/2021 SIGNATURE: SUSAN SUAREZ PRESIDENT & CEO

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** Jan 11, 2021

**Secretary of State** 

7389092658CC

Date