2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000676

Entity Name: SOUTHWEST FLORIDA HOLOCAUST MUSEUM INC.

FILED
Jan 29, 2016
Secretary of State
CC8498013164

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: No

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 Title VF

Name BIALEK, JOSHUA M Name BERKELEY, HERB

Address 4760 TAMIAMI TRAIL NORTH, SUITE 7 Address 4760 TAMIAMI TRAIL NORTH, SUITE 7

City-State-Zip: NAPLES FL 34103 City-State-Zip: NAPLES FL 34108

Title VP Title VF

Name DAURAY, CHARLES J Name NORTMAN, JACK

Address 4760 TAMIAMI TRAIL NORTH, SUITE 7 Address 4760 TAMIAMI TRAIL NORTH, SUITE 7

City-State-Zip: NAPLES FL 34103 City-State-Zip: NAPLES FL 34103

Title VP Title S, T

Name YOVANOVICH, RICHARD D Name STROME, STEPHEN

Address 4760 TAMIAMI TRAIL NORTH, SUITE 7 Address 4760 TAMIAMI TRAIL NORTH

STE 7

City-State-Zip: NAPLES FL 34103 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

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

01/29/2016