2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100000676

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

## 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

#### **Officer/Director Detail :**

onicer/Director Detail.				
Title	Ρ	Title	VP	
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	VP	
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 01/20/2015

# FILED Jan 20, 2015 Secretary of State CC9647703327

Certificate of Status Desired: No

Date

Date