

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000000676

**FILED**  
**Jan 31, 2014**  
**Secretary of State**  
**CC8358184473**

**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:** 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  
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

**PRESIDENT OF THE  
BOARD**

**01/31/2014**

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

\_\_\_\_\_  
Date