

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000676

FILED
Apr 01, 2019
Secretary of State
5019216435CC

Entity Name: THE HOLOCAUST MUSEUM & EDUCATION CENTER OF
SOUTHWEST FLORIDA, 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 US

FEI Number: 59-3740883

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SUAREZ, SUSAN L
% HOLOCAUST MUSEUM & EDUC CENTER
4760 TAMIAMI TRAIL NORTH, STE 7
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: SUSAN L. SUAREZ

04/01/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title SECRETARY
Name YOvanovich, RICHARD
Address 4760 TAMIAMI TRAIL NORTH
STE 7
City-State-Zip: NAPLES FL 34103

Title VICE CHAIR
Name ROTH, FRED
Address 4760 TAMIAMI TRAIL NORTH
STE 7
City-State-Zip: NAPLES FL 34103

Title GOVERNANCE CHAIR
Name PRICE, STUART
Address 4760 TAMIAMI TRAIL NORTH
STE 7
City-State-Zip: NAPLES FL 34103

Title DEVELOPMENT CHAIR
Name LERNER, MAUREEN
Address 4760 TAMIAMI TRAIL NORTH
STE 7
City-State-Zip: NAPLES FL 34103

Title PAST CHAIR
Name BERKELEY, HERB
Address 4760 TAMIAMI TR N, 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: SUSAN SUAREZ

EXECUTIVE DIRECTOR

04/01/2019

Electronic Signature of Signing Officer/Director Detail

Date