

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000008028

**Entity Name:** HOLOCAUST EDUCATION RESOURCE COUNCIL, INC.

**Current Principal Place of Business:**

2167 DELTA WAY  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

PO BOX 16282  
TALLAHASSEE, FL 32308

**FEI Number: 26-3126484**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GOLDSTEIN, BARBARA  
2167 DELTA WAY  
TALLAHASSEE, FL 32303 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: BARBARA GOLDSTEIN**

**01/09/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            RAINER, FRANK  
Address        215 S MONROE STREET  
City-State-Zip: TALLAHASSEE FL 32301

Title            TREASURER, DIRECTOR  
Name            KIRK, DAVID  
Address        9128 COPPERFAIR LANE  
City-State-Zip: TALLAHASSEE FL 32317

Title            DIRECTOR  
Name            DAVEY, LINDA  
Address        3710 GLIN CIRCLE  
City-State-Zip: TALLAHASSEE FL 32309

Title            DIRECTOR  
Name            WYGODSKI, AVI  
Address        1019 ALAMEDA DR.  
City-State-Zip: TALLAHASSEE FL 32317

Title            DIRECTOR  
Name            GROSS, KARA  
Address        1101 MIMOSA DRIVE  
City-State-Zip: TALLAHASSEE FL 32312

Title            SECRETARY, DIRECTOR  
Name            BILLINGS, MARTHA  
Address        1576 CRESTVIEW AVENUE  
City-State-Zip: TALLAHASSEE FL 32303

Title            DIRECTOR  
Name            DAVIA, KRAMER  
Address        3601 UNCLE GLOVER ROAD  
City-State-Zip: TALLAHASSEE FL 32312

Title            EXEC. DIR.  
Name            GOLDSTEIN, BARBARA  
Address        3416 CLIFDEN DRIVE  
City-State-Zip: TALLAHASSEE FL 32309

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*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: BARBARA GOLDSTEIN**

**EXECUTIVE DIRECTOR**

**01/09/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP, DIRECTOR  
Name FERNANDEZ, SEGUNDO  
Address 2060 DELTA WAY  
City-State-Zip: TALLAHASSEE FL 32303

Title BOARD MEMBER  
Name RICCI, ELIZABETH  
Address 2915 KERRY FOREST PARKWAY  
City-State-Zip: TALLAHASSEE FL 32309

Title BOARD MEMBER  
Name JERNIGAN, LAURA  
Address 800 OCALA RD.  
City-State-Zip: TALLAHASSEE FL 32304

Title DIRECTOR  
Name MCLANE, PRESTON  
Address 2073 SANDCASTLE DR.  
City-State-Zip: TALLAHASSEE FL 32308

Title BOARD MEMBER  
Name FANTLE, LAUREN  
Address 3639 BARBARY DR.  
City-State-Zip: TALLAHASSEE FL 32309