| TALLAHASSEE, FL 32308 | | | | | | | | |
|--|--|-----------------------------------|-----------------------|------|--|--|--|--|
| FEI Number | : 26-3126484 | Certificate of Status Desired: No | | | | | | |
| Name and Address of Current Registered Agent: | | | | | | | | |
| GOLDSTEIN, BARBARA 3416 CLIFDEN DR TALLAHASSEE, FL 32309 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 | | 01/19/2018 | | | | | | |
| | Electronic Signature of Registered Agent | | | Date | | | | |
| Officer/Director Detail : | | | | | | | | |
| Title | PRESIDENT, DIRECTOR | Title | TREASURER, DIRECTOR | | | | | |
| Name | RAINER, FRANK | Name | KIRK, DAVID | | | | | |
| Address | 215 S MONROE STREET | Address | 9128 COPPERFAIR LANE | | | | | |
| City-State-Zip: | TALLAHASSEE FL 32301 | City-State-Zip: | TALLAHASSEE FL 32317 | | | | | |
| Title | DIRECTOR | Title | DIRECTOR | | | | | |
| Name | WEINSTEIN, TASHA | Name | DAVEY, LINDA | | | | | |
| Address | 1416 E WINDWOOD WAY | Address | 3710 GLIN CIRCLE | | | | | |
| City-State-Zip: | TALLAHASSEE FL 32311 | City-State-Zip: | TALLAHASSEE FL 32309 | | | | | |
| Title | DIRECTOR | Title | DIRECTOR | | | | | |
| Name | WYGODSKI, AVI | Name | GAYLE, MICHELLE | | | | | |
| Address | 1019 ALAMEDA DR. | Address | 3994 MAGELLAN TRAIL | | | | | |
| City-State-Zip: | TALLAHASSEE FL 32317 | City-State-Zip: | TALLAHASSEE FL 32303 | | | | | |
| Title | DIRECTOR | Title | SECRETARY, DIRECTOR | | | | | |
| Name | GROSS, KARA | Name | BILLINGS, MARTHA | | | | | |
| Address | 1101 MIMOSA DRIVE | Address | 1576 CRESTVIEW AVENUE | | | | | |
| City-State-Zip: | TALLAHASSEE FL 32312 | City-State-Zip: | TALLAHASSEE FL 32303 | | | | | |

Current Mailing Address:

00000 -.

PO BOX 16282

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

EXEC. DIR.

Continues on page 2

01/19/2018

Electronic Signature of Signing Officer/Director Detail

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0800008028

Entity Name: HOLOCAUST EDUCATION RESOURCE COUNCIL, INC.

Current Principal Place of Business:

3416 CLIFDEN DRIVE TALLAHASSEE, FL 32309

FILED Jan 19, 2018

Secretary of State

CC2736740526

Date

Officer/Director Detail Continued :

| Title | DIRECTOR | Title | DIRECTOR |
|-----------------|------------------------|-----------------|------------------------|
| Name | POSNER, STEFANIE | Name | PELC, BRIAN |
| Address | 2016 MORNING DOVE ROAD | Address | 3273 PIONEER ROAD |
| City-State-Zip: | TALLAHASSEE FL 32322 | City-State-Zip: | TALLAHASSEE FL 32309 |
| Title | DIRECTOR | Title | DIRECTOR |
| Name | DUMOND, DOREEN | Name | DAVIA, KRAMER |
| Address | 844 MADERIA CIRCLE | Address | 3601 UNCLE GLOVER ROAD |
| City-State-Zip: | TALLAHASSEE FL 32312 | City-State-Zip: | TALLAHASSEE FL 32312 |
| | | Title | VP, DIRECTOR |
| Title | EXEC. DIR. | | |
| Name | GOLDSTEIN, BARBARA | Name | FERNANDEZ, SEGUNDO |
| Address | 3416 CLIFDEN DRIVE | Address | 2060 DELTA WAY |
| City-State-Zip: | TALLAHASSEE FL 32309 | City-State-Zip: | TALLAHASSEE FL 32303 |
| Title | DIRECTOR | Title | DIRECTOR |
| Name | GUSSAK, DAVID | Name | NOVEY, JEROME |
| Address | 6160 JASON TRAIL | Address | 1044 MERRITT DR |
| City-State-Zip: | TALLAHASSEE FL 32317 | City-State-Zip: | TALLAHASSE FL 32301 |
| Title | DIRECTOR | | |
| | | | |
| Name | MCLANE, PRESTON | | |
| Address | 2073 SANDCASTLE DR. | | |
| | | | |

City-State-Zip: TALLAHASSEE FL 32308