

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000008028

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

**Current Principal Place of Business:**

111 PROGRESS DR.  
TALLAHASSEE, FL 32304

**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  
2217 DELTA LANE  
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**

**01/18/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name FRIEDLANDER, STEVE  
Address 2801 CHANCELLORSVILLE DR.  
#1407  
City-State-Zip: TALLAHASSEE FL 32312

Title EXEC. DIR.  
Name GOLDSTEIN, BARBARA  
Address 2217 DELTA LANE  
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR  
Name COHEN, KAREN ASHER  
Address 1301 LAWNSDALE ROAD  
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR  
Name WINN, JUDY  
Address 1424 OX BOTTOM ROAD  
City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR  
Name MURGO, RICHARD  
Address 2205 OLD MONTICELLO RD.  
City-State-Zip: THOMASVILLE GA 31792

Title DIRECTOR  
Name JENSEN, BETTY  
Address 3806 PINEY GROVE RD.  
City-State-Zip: TALLAHASSEE FL 32311

Title DIRECTOR  
Name GRAHAM, BILL  
Address 4404 BRANDON HILL DR.  
City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR  
Name ALEXANDER, JUDY  
Address 1500 BELMONT TRACE  
City-State-Zip: TALLAHASSEE FL 32301

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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: GOLDSTEIN, BARBARA**

**EXECUTIVE DIRECTOR**

**01/18/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BERKOWITZ, CAROL  
Address 3050 FERMANAGH DR.  
City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR  
Name TURNER, SUSAN  
Address 2821 CLINE ST.  
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR  
Name COLE, JOHN  
Address 4148 RAMPART DRIVE  
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR  
Name COX, RYAN  
Address 903 BEARD STREET  
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR  
Name ROSS, JARED  
Address 3789 LONGFELLOW RD.  
City-State-Zip: TALLAHASSEE FL 32311

Title DIRECTOR  
Name PURSINO, PETER  
Address 2805 SUMMER SANDS COURT  
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR  
Name HARVEY, DAVID  
Address 117 HARVEY-YOUNG FARM ROAD  
City-State-Zip: CRAWFORDVILLE FL 32327