

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008028

Entity Name: HOLOCAUST EDUCATION RESOURCE COUNCIL, INC.

Current Principal Place of Business:

3416 CLIFDEN DRIVE
TALLAHASSEE, FL 32309

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
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: BARBARA GOLDSTEIN

01/15/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name ROSNER, JOHN
Address 718 LOTHIAN DRIVE
City-State-Zip: TALLAHASSEE FL 32312

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

Title SECRETARY, DIRECTOR
Name WEINSTEIN, TASHA
Address 751 RHODEN COVE RD.
City-State-Zip: TALLAHASSEE FL 32312

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 DEITCHMAN, MARY ANN
Address 2037 HERB CT.
City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR
Name GAYLE, MICHELLE
Address 3994 MAGELLAN TRAIL
City-State-Zip: TALLAHASSEE FL 32303

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

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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

EXEC. DIR.

01/15/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name PELC, BRIAN
Address 3273 PIONEER ROAD
City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR
Name DUMOND, DOREEN
Address 844 MADERIA CIRCLE
City-State-Zip: TALLAHASSEE FL 32312

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

Title DIRECTOR
Name POSNER, STEFANIE
Address 2016 MORNING DOVE ROAD
City-State-Zip: TALLAHASSEE FL 32322

Title DIRECTOR
Name ROGER, PEACE
Address 2276 GRASSROOTS WAY
City-State-Zip: TALLAHASSEE FL 32311

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