

**2015 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:**

BLANK, F. PHILIP  
F. PHILIP BLANK, P.A.  
301 SOUTH BRONOUGH STREET SUITE 600  
TALLAHASSEE, FL 32301 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            GOLDSTIEN, BARBARA  
Address        3416 CLIFDEN DRIVE  
City-State-Zip: TALLAHASSEE FL 32309

Title            VP, DIRECTOR  
Name            BLANK, RITA  
Address        2528 BETTON WOODS DR  
City-State-Zip: TALLAHASSEE FL 32308

Title            TREASURER, DIRECTOR  
Name            KIMELMAN, SAM  
Address        2913 BRANDEMERE DRIVE  
City-State-Zip: TALLAHASSEE FL 32312

Title            SECRETARY, DIRECTOR  
Name            RACHIN, ROBYN  
Address        1304 MOSSWOOD CHASE  
City-State-Zip: TALLAHASSEE FL 32312

*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: RITA BLANK**

**VP**

**04/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date