

2016 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. O. BOX 11068
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 ROSNER, JOHN
Address 718 LOTHIAN DRIVE
City-State-Zip: TALLAHASSEE FL 32312

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

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 CALLAWAY, DONNA
Address 3031 LAKESHORE DR.
City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR
Name LERNER, EILEEN
Address 2107 ORLEANS DR.
City-State-Zip: TALLAHASSEE FL 32308

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

Title DIRECTOR
Name FINKELSTEIN, MONTE
Address 4287 SHERBORNE RD.
City-State-Zip: TALAHASSEE FL 32303

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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: JOHN ROSNER

PRESIDENT

02/05/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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 WELLNER, DANIELA
Address 3495 HYDE PARK WAY
City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR
Name GEWANTER, SHARI
Address 2213 PONTIAC DR.
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name KINARD, LINDA
Address 2318 RYAN PLACE, 32309
City-State-Zip: TALLAHASSEE FL 32309

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