

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008028

Entity Name: HOLOCAUST EDUCATION RESOURCE COUNCIL, INC.

Current Principal Place of Business:

2217 DELTA LANE
TALLAHASSEE, FL 32303

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

01/21/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DIRECTOR
Name WYGODSKI, AVI
Address 1019 ALAMEDA DR.
City-State-Zip: TALLAHASSEE FL 32317

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

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

Title DIRECTOR, PRESIDENT
Name FERNANDEZ, SEGUNDO
Address 2060 DELTA WAY
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name MCLANE, PRESTON
Address 2073 SANDCASTLE DR.
City-State-Zip: TALLAHASSEE FL 32308

Title BOARD MEMBER
Name RICCI, ELIZABETH
Address 2915 KERRY FOREST PARKWAY
City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR
Name ZIRIN, GARY
Address 5150 MADDOX RD
City-State-Zip: TALLAHASSEE 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: BARBARA GOLDSTEIN

EXECUTIVE DIRECTOR

01/21/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name RICH, KENYA
Address 8162 PARTERRE COURT
City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR
Name WEINGARDEN, LAUREN
Address 2664 NANTUCKET LANE
City-State-Zip: TALLAHASSEE FL 32309

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