

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

DOCUMENT# N14000005077

**Entity Name:** HOLOCAUST ONSTAGE PRODUCTION & EDUCATION, INC.

**Current Principal Place of Business:**

1641 LAKE ELLA DR.  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

1641 LAKE ELLA DR.  
TALLAHASSEE, FL 32303 US

**FEI Number:** 47-0981352

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FRANCE, BELINDA T ESQ.  
2548 BLAIRSTONE PINES DRIVE  
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            MANDEL, JEFFREY J  
Address        1641 LAKE ELLA DR.  
City-State-Zip: TALLAHASSEE FL 32303

Title            DIRECTOR  
Name            CIUPEK, EVANGELINE G  
Address        1641 LAKE ELLA DRIVE  
City-State-Zip: TALLAHASSEE FL 32303

Title            DIRECTOR, SECRETARY  
Name            QUINN, ALISON  
Address        1507 N. MARTIN LUTHER KING, JR.  
                  BLVD.  
City-State-Zip: TALLAHASSEE FL 32303

Title            DIRECTOR  
Name            NEAMAND, MAURINA THOMAS  
Address        400 RICHVIEW PARK CIRC. W  
City-State-Zip: TALLAHASSEE FL 32301

*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:** JEFFREY MANDEL

**DIRECTOR**

**04/08/2024**

Electronic Signature of Signing Officer/Director Detail

Date