

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14263

**FILED
Jan 10, 2015
Secretary of State
CC8766073280**

Entity Name: HOLOCAUST SURVIVORS OF THE PALM BEACHES, INC.

Current Principal Place of Business:

C/O COLETTE HERMAN
9566 LANTERN BAY CIRCLE
WEST PALM BEACH, FL 33411

Current Mailing Address:

C/O COLETTE HERMAN
9566 LANTERN BAY CIRCLE
WEST PALM BEACH, FL 33411 US

FEI Number: 59-2387747

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERMAN, COLETTE
9566 LANTERN BAY CIRCLE
WEST PALM BEACH, FL 33411 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 P
Name HERMAN, COLETTE
Address 9566 LANTERN BAY CIRCLE
City-State-Zip: WEST PALM BEACH FL 33411

Title T
Name BECKER, FAYE
Address 7634 NEMEC DR. S.
City-State-Zip: WEST PALM BEACH FL 33406

Title D
Name GLEITMAN, JOSEPH
Address 101 LAKE REBECCA DR
City-State-Zip: WEST PALM BEACH FL 33411-3372

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: COLETTE HERMAN

PRESIDENT

01/10/2015

Electronic Signature of Signing Officer/Director Detail

_____ Date