

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32543

**Entity Name:** FLORIDA HOLOCAUST MUSEUM, INC.**Current Principal Place of Business:**55 5TH STREET SOUTH  
SAINT PETERSBURG, FL 33701**Current Mailing Address:**55 5TH STREET SOUTH  
SAINT PETERSBURG, FL 33701**FEI Number:** 59-2981494**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SIVAK, ELIZABETH G  
55 5TH STREET SOUTH  
SAINT PETERSBURG, FL 33701 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:** ELIZABETH GELMAN SIVAK

02/11/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name BAND, ALEXANDRA K  
Address RAYMOND JAMES FINANCIAL, INC.  
880 CARRILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title SECRETARY  
Name STEIN, JONATHAN  
Address RAYMOND JAMES FINANCIAL, INC.  
880 CARRILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title DIRECTOR  
Name SAFT, AMANDA  
Address 4918 W MELROSE AVE S  
City-State-Zip: TAMPA FL 33629

Title DIRECTOR  
Name BOMSTEIN, JOSHUA  
Address 620 DREW STREET  
City-State-Zip: CLEARWATER FL 33755

Title DIRECTOR  
Name DABBS, RENEE  
Address 3306 WEST LAWN AVENUE  
City-State-Zip: TAMPA FL 33611

Title CHAIRMAN  
Name IGEL, MICHAEL A.  
Address JOHNSON POPE  
333 3RD AVENUE N. SUITE 200  
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR  
Name DOLINER, NATHANIEL L.  
Address CARLTON FIELDS  
4221 W. BOY SCOUT BLVD#1000  
City-State-Zip: TAMPA FL 33607

Title TREASURER  
Name ALVAREZ, DAVID  
Address 3120 W WALLCRAFT AVENUE  
City-State-Zip: TAMPA FL 33611

**Continues on page 2**

*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:** MICHAEL A. IGEL

CHAIRMAN

02/11/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name KLEIN, TRACI  
Address 17503 BROWN ROAD  
City-State-Zip: ODESSA FL 33556

Title DIRECTOR  
Name MAJEED, CHRISTINA  
Address 175 1ST STREET SOUTH, UNIT 2804  
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR  
Name SCHICK, LISL  
Address 200 LAKE AVENUE, APT 328  
City-State-Zip: LARGO FL 33771

Title DIRECTOR  
Name RUBIN, LESLIE  
Address 5795 ULMERTON ROAD #200  
City-State-Zip: CLEARWATER FL 33760

Title VC  
Name WORTHINGTON, RACHAEL S  
Address 35 WATERGATE DRIVE #1402  
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR  
Name LI, TAMMY  
Address 2502 W PROSPECT ROAD  
City-State-Zip: TAMPA FL 33629

Title DIRECTOR  
Name RINDE, TONI  
Address 3207 HILLTOP LANE  
City-State-Zip: LARGO FL 33770

Title DIRECTOR  
Name PEARLMAN, DAVID  
Address 13714 SPRINGER LANE  
City-State-Zip: TAMPA FL 33625-4095

Title VC  
Name WARREN, ROBIN K.  
Address 350 2ND STREET NORTH, UNIT 25  
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR  
Name WATSON, ALLYSON  
Address UNIVERSITY OF SOUTH FLORIDA  
140 HARBORWALK AVENUE S  
City-State-Zip: ST. PETERSBURG FL 33701