


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90191 030 ****70.00

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1. Entity Name
 HOLOCAUST MEMORIAL RESOURCE AND EDUCATION CENTER OF FLORIDA, INC.



Principal Place of Business
 851 NORTH MAITLAND AVE.
 MAITLAND, FL 32751

Mailing Address
 851 NORTH MAITLAND AVE.
 MAITLAND, FL 32751

40085693



01042007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
 59-2219851

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~WISE, TESS~~ Pamela Kancher
 851 NORTH MAITLAND AVE.
 MAITLAND, FL 32751

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Pamela Kancher, Pamela Kancher, Exec. Dir. DATE: 4-18-07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ELLINGTON, RANDAL
STREET ADDRESS	549 N. WYMORE #205
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	1VPD
NAME	CREEL, STANLEY
STREET ADDRESS	111 N. ORANGE AVE SUITE 1100
CITY-ST-ZIP	ORLANDO, FL 32802
TITLE	SD
NAME	JACOBS, DIANE
STREET ADDRESS	4000 CENTRAL FLORIDA BLVD
CITY-ST-ZIP	ORLANDO, FL 32816
TITLE	TD
NAME	SENDEROWITZ, PHILLIP
STREET ADDRESS	874 BRIGHTWALKS CIR.
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	C
NAME	WISE, TESS
STREET ADDRESS	1501 ANCHOR COURT
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	2VPD
NAME	SHAPIRO, JIM
STREET ADDRESS	1110 IVANHOE SW APT 34
CITY-ST-ZIP	ORLANDO, FL 32804

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Pamela Kancher Pamela Kancher Exec. Dir. DATE: 4-18-07 DAYTIME PHONE: 407 628 0555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #