

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764997

FILED
Apr 10, 2008
Secretary of State

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

Current Principal Place of Business:

851 NORTH MAITLAND AVE.
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

851 NORTH MAITLAND AVE.
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-2219851 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KANCHER, PAMELA
851 NORTH MAITLAND AVE.
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ELLINGTON, RANDAL
Address: 549 N. WYMORE #205
City-St-Zip: MAITLAND, FL 32751

Title: 1VPD () Delete
Name: CREEL, STANLEY
Address: 111 N.ORANGE AVE SUITE 1100
City-St-Zip: ORLANDO, FL 32802

Title: SD () Delete
Name: JACOBS, DIANE
Address: 4000 CENTRAL FLORIDA BLVD
City-St-Zip: ORLANDO, FL 32816

Title: TD () Delete
Name: SENDEROWITZ, PHILLIP
Address: 874 BRIGHTWALKS CIR.
City-St-Zip: MAITLAND, FL 32751

Title: C () Delete
Name: WISE, TESS
Address: 1501 ANCHOR COURT
City-St-Zip: ORLANDO, FL 32804

Title: 2VPD () Delete
Name: SHAPIRO, JIM
Address: 1110 IVANHOE SW APT 34
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CREEL, STANLEY
Address: 111 N.ORANGE AVE SUITE 1100
City-St-Zip: ORLANDO, FL 32802

Title: 1VPD (X) Change () Addition
Name: SHAPIRO, JIM
Address: 1110 IVANHOE SW APT 34
City-St-Zip: ORLANDO, FL 32804

Title: SD (X) Change () Addition
Name: AMBINDER, PATRICIA
Address: 240 TRISMEN TERRACE
City-St-Zip: WINTER PARK, FL 32789

Title: TD (X) Change () Addition
Name: SENDEROWITZ, PHILLIP
Address: 1010 ORANGE AVE
City-St-Zip: WINTER PARK, FL 32789

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: 2VPD (X) Change () Addition
Name: KOLIN, LAWRENCE
Address: 100 SOUTH ORANGE AVE, STE. 200
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STANLEY CREEL

PD

04/10/2008

Electronic Signature of Signing Officer or Director

Date