# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 19, 2009**
**Secretary of State**

DOCUMENT# 764997

**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 (X)**

**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: CREEL, STANLEY
Address: 111 N.ORANGE AVE SUITE 1100
City-St-Zip: ORLANDO, FL 32802

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

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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: PAMELA KANCHER ED 03/19/2009

Electronic Signature of Signing Officer or Director Date