## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 764997** 

FILED Jan 04, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

851 NORTH MAITLAND AVE. MAITLAND, FL 32751

Current Mailing Address: New Mailing Address:

851 NORTH MAITLAND AVE. MAITLAND, FL 32751

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

## **OFFICERS AND DIRECTORS:**

Title: PRES

Name: SHAPIRO, JAMES

Address: 1111 S.W. IVANHOE BLVD., APT. 34

City-St-Zip: ORLANDO, FL 32804

Title: 1VPD

Name: KOLIN, LAWRENCE

Address: 100 S. ORANGE AVE, STE 200

City-St-Zip: ORLANDO, FL 32801

Title: 2VPD

Name: MILLER, JEFFREY
Address: 401 W. COLONIAL DR.
City-St-Zip: ORLANDO, FL 32801

Title: TD

Name: FREID, MARK
Address: 1001 VIRGINIA DR.
City-St-Zip: ORLANDO, FL 32803

Title: 0

Name: WISE, TESS

Address: 1501 ANCHOR COURT City-St-Zip: ORLANDO, FL 32804

Title: SECR

 Name:
 KUPPER, JENNIFER

 Address:
 PO BOX 10000

 City-St-Zip:
 ORLANDO, FL 32830

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: PAMELA KANCHER E. D 01/04/2011