

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764997

FILED  
Feb 06, 2012  
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 (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: PRES  
Name: SHAPIRO, JAMES  
Address: 1111 S.W. IVANHOE BLVD. #34  
City-St-Zip: ORLANDO, FL 32804

Title: 1VPD  
Name: MILLER, JEFFREY  
Address: 401 W. COLONIAL DR.  
City-St-Zip: ORLANDO, FL 32801

Title: 2VPD  
Name: FREID, MARK  
Address: 1001 VIRGINIA DR.  
City-St-Zip: ORLANDO, FL 32803

Title: SEC  
Name: LANG, ELLEN  
Address: 3820 LAKE SARAH DR  
City-St-Zip: ORLANDO, FL 32804

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

Title: TR  
Name: RAPP, JANET  
Address: 111 N. ORANGE AVE. #1100  
City-St-Zip: ORLANDO, FL 32801

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

ED

02/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date