

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000676

FILED  
Mar 24, 2011  
Secretary of State

**Entity Name:** SOUTHWEST FLORIDA HOLOCAUST MUSEUM INC.

**Current Principal Place of Business:**

4760 TAMIAMI TRAIL NORTH  
STE 7  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

4760 TAMIAMI TRAIL NORTH  
STE 7  
NAPLES, FL 34103

**New Mailing Address:**

**FEI Number:** 59-3740883

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BIALEK, JOSHUA  
9132 STRADA PLACE  
3RD FLOOR  
NAPLES, FL 341082683 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: HIRSCHOVITS, FRED  
Address: 60 SEAGATE DRIVE, #1704  
City-St-Zip: NAPLES, FL 34103

Title: VP  
Name: BIALEK, JOSHUA M  
Address: 1817 SENEGAL DATE DRIVE  
City-St-Zip: NAPLES, FL 34119

Title: VP  
Name: YOVANOVICH, RICHARD D  
Address: 4001 TAMIAMI TRAIL NORTH, SUITE 300  
City-St-Zip: NAPLES, FL 34103

Title: SCTR  
Name: KAPLAN, RONALD E  
Address: 694 MOORING LINE DRIVE  
City-St-Zip: NAPLES, FL 34102

Title: PPR  
Name: CAHNERS, ROBERT M  
Address: 2200 SHEEPSHEAD DR.  
City-St-Zip: NAPLES, FL 34102

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: FRED HIRSCHOVITS

PR

03/24/2011

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

\_\_\_\_\_  
Date