

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14263

FILED  
Mar 10, 2009  
Secretary of State

Entity Name: HOLOCAUST SURVIVORS OF THE PALM BEACHES, INC.

**Current Principal Place of Business:**

C/O COLETTE HERMAN  
113 LAKE PAULA DR.  
WEST PALM BEACH, FL 33411 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O COLETTE HERMAN  
113 LAKE PAULA DR.  
WEST PALM BEACH, FL 33411 US

**New Mailing Address:**

FEI Number: 59-2387747      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HERMAN, COLETTE  
113 LAKE PAULA DR.  
WEST PALM BEACH, FL 33411 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: P ( ) Delete  
Name: HERMAN, COLETTE  
Address: 113 LAKE PAULA DR.  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VD ( ) Delete  
Name: GASTWIRTH, ESTHER  
Address: 223 SOUTHAMPTON B  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: T ( ) Delete  
Name: BECKER, FAYE  
Address: 7634 NEMEC DR. S.  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D ( ) Delete  
Name: GLEITMAN, JOSEPH  
Address: 101 LAKE REBECCA DR  
City-St-Zip: WEST PALM BEACH, FL 334113372

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

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

Title: VP (X) Change ( ) Addition  
Name: GASTWIRTH, ESTHER  
Address: 223 SOUTHAMPTON B  
City-St-Zip: WEST PALM BEACH, FL 33417

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: COLETTE HERMAN

PRES

03/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date