

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14263

FILED
Jan 10, 2011
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:

C/O COLETTE HERMAN
9566 LANTERN BAY CIRCLE
WEST PALM BEACH, FL 33411 US

Current Mailing Address:

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

New Mailing Address:

C/O COLETTE HERMAN
9566 LANTERN BAY CIRCLE
WEST PALM BEACH, FL 33411 US

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:

HERMAN, COLETTE
9566 LANTERN BAY CIRCLE
WEST PALM BEACH, FL 33411 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:

01/10/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: HERMAN, COLETTE
Address: 9566 LANTERN BAY CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33411

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

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

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

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: COLETTE HERMAN

PRES

01/10/2011

Electronic Signature of Signing Officer or Director

Date