

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14347

FILED
Jan 06, 2009
Secretary of State

Entity Name: HOLOCAUST MEMORIAL COMMITTEE, INC.

Current Principal Place of Business:

1933 MERIDIAN AVE
MIAMI BCH., FL 33139 US

New Principal Place of Business:

Current Mailing Address:

1933-1945 MERIDIAN AVE.
MIAMI BCH, FL 33139 US

New Mailing Address:

FEI Number: 59-2659641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, HARRY B
RUDEN BARNETT
701 BRICKELL AVE #1900
MIAMI, FL 33131 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: MUSS, SANDRA
Address: 1800 W 25TH ST
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP () Delete
Name: KATZ, EZRA
Address: 2665 SO BAYSHORE DR
City-St-Zip: COCONUT GROVE, FL

Title: VP () Delete
Name: TREISTER, KENNETH
Address: 3660 BATTERSEA RD
City-St-Zip: COCONUT GROVE, FL

Title: VP () Delete
Name: SCHAECHTER, DAVID
Address: DNS 3000 NW 125 ST
City-St-Zip: MIAMI, FL

Title: VTD () Delete
Name: ROTHFIELD, WENDY
Address: 2000 ISLAND BLVD #406
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: VP () Delete
Name: RESNICK, JAMES
Address: 1228 ALTON RD
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: SANDRA MUSS

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date