

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N32543** (3)

1. Corporation Name

TAMPA BAY HOLOCAUST MEMORIAL MUSEUM AND EDUCATIONAL CENTER, INC.



Principal Place of Business	Mailing Address
6529 CENTRAL AVENUE ST. PETERSBURG FL 33710	6529 CENTRAL AVENUE ST. PETERSBURG FL 33710-8412

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		05/25/1989	02/09/1996
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		59-2981494	Not Applicable
24 Country		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		<input type="checkbox"/>	
				6. Election Campaign Financing	\$5.00 May Be Added to Fees
				Trust Fund Contribution	<input type="checkbox"/>
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SNYDER, D JAY 100 SECOND AVENUE SOUTH SUITE 400 ST. PETERSBURG FL 33701		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOEBENBERG, WALTER	1.2 NAME	
STREET ADDRESS	6529 CENTRAL AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOETZ, JOEL	2.2 NAME	Amy Epstein
STREET ADDRESS	113 ST	2.3 STREET ADDRESS	5001 113th Street
CITY-ST-ZIP	MADERIA BEACH FL	2.4 CITY-ST-ZIP	Madeira Beach FL 33708
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, PAUL	3.2 NAME	
STREET ADDRESS	6529 CENTRAL AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERKINS, MARC	4.2 NAME	
STREET ADDRESS	113 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MADEIRA BCH FL	4.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIBA, S. DAVID	5.2 NAME	
STREET ADDRESS	113 ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MADEIRA BCH FL	5.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISENSTADT, DEBORAH	6.2 NAME	
STREET ADDRESS	113 ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	MADEIRA BCH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: Walter Loebenberg 01/14/97 (813) 392-4678
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Walter Loebenberg, Chairman
 Date Daytime Phone # 0050744

CR2E037 (9/96)