

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90088 003 ****61.25

0053230

DOCUMENT # N32543

1. Corporation Name

**TAMPA BAY HOLOCAUST MEMORIAL MUSEUM AND EDUCATIO
NAL CENTER, INC.** Florida Holocaust Museum

Principal Place of Business

6529 CENTRAL AVENUE
ST. PETERSBURG FL 33710

Mailing Address

6529 CENTRAL AVENUE
ST. PETERSBURG FL 33710

77479 - 90088 - 3



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/25/1989

4. FEI Number

59-2981494

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SNYDER, D JAY
100 SECOND AVENUE SOUTH
SUITE 400
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	LOEBENBERG, WALTER	
STREET ADDRESS	6529 CENTRAL AVE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EPSTEIN, AMY	
STREET ADDRESS	5001 113TH ST	
CITY-ST-ZIP	MADEIRA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTIN, PAUL	
STREET ADDRESS	6529 CENTRAL AVE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	PERKINS, MARC	
STREET ADDRESS	113 ST	
CITY-ST-ZIP	MADEIRA BCH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	RIBA, S. DAVID	
STREET ADDRESS	113 ST	
CITY-ST-ZIP	MADEIRA BCH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	EISENSTADT, DEBORAH	
STREET ADDRESS	113 ST	
CITY-ST-ZIP	MADEIRA BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11/99

(727) 347-8900

Date

Daytime Phone #

CR2E037 (11/98)