

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32543

FILED  
Mar 03, 2005  
Secretary of State

Entity Name: FLORIDA HOLOCAUST MUSEUM, INC.

**Current Principal Place of Business:**

55 5TH STREET SOUTH  
SAINT PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

55 5TH STREET SOUTH  
SAINT PETERSBURG, FL 33701

**New Mailing Address:**

FEI Number: 59-2981494

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SNYDER, D JAY  
6529 CENTRAL AVENUE  
SAINT PETERSBURG, FL 33710 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: DC ( ) Delete  
Name: LOEBENBERG, WALTER  
Address: 6529 CENTRAL AVE  
City-St-Zip: ST PETERSBURG, FL

Title: C ( ) Delete  
Name: EPSTEIN, AMY  
Address: 55 5TH STREET SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: PT ( ) Delete  
Name: MARTIN, PAUL,  
Address: 55 5TH STREET SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: VD ( ) Delete  
Name: LOFTUS, JOHN  
Address: 55 5TH STREET SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: P ( ) Delete  
Name: SIMON, GEOFFREY  
Address: 55 5TH STREET SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: S ( ) Delete  
Name: SCHICK, LISL  
Address: 55 5TH STREET SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33701

**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: T (X) Change ( ) Addition  
Name: LEVY, STANLEY  
Address: 55 5TH STREET SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: P (X) Change ( ) Addition  
Name: GREENE, MARCUS  
Address: 55 5TH STREET SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33701

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KAREN JUBRAIL

CFO

03/03/2005

Electronic Signature of Signing Officer or Director

Date