

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32543

FILED
Apr 30, 2009
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 (X)

Name and Address of Current Registered Agent:

BASS, CAROLYN
55 5TH STREET SOUTH
SAINT PETERSBURG, FL 33701 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: D () Delete
Name: PARDOLL, LOIS
Address: 34 PARADISE LN
City-St-Zip: TREASURE ISLAND, FL 33706

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

Title: D () Delete
Name: LOEBENBERG, WALTER
Address: 7834 9TH AVENUE SOUTH
City-St-Zip: ST PETERSBURG, FL 33707

Title: V () Delete
Name: RINDE, TONI
Address: 3207 HILLTOP LANE
City-St-Zip: LARGO, FL 33770

Title: VC () Delete
Name: SCHICK, LISL
Address: 7791 BENT GRASS COURT
City-St-Zip: LARGO, FL 33777

Title: C () Delete
Name: WEISS, IRENE
Address: 3591 LANDMARK TR
City-St-Zip: PALM HARBOR, FL 34684

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
Name:
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: WALTER LOEBENBERG

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date