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Secretary of State
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NONPROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # N46265

1. Corporation Name
~~THE WEST VOLUSIA HOLOCAUST MEMORIAL COUNCIL, INC.~~
Me Dr. Earl Joiner Holocaust Memorial Council, Inc.

561077 - 90079 - 44

Principal Place of Business
~~600 N BOUNDARY AVE UNIT #110-A~~
~~DELAND~~
~~US~~

Mailing Address
~~600 N BOUNDARY AVE UNIT #110-A~~
~~DELAND~~
~~US~~

2. Principal Place of Business 21	2a. Mailing Address 28 P.O Box 4045	3. Date Incorporated or Qualified 12/03/1991	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
City & State 23	City & State 28 DeLand, FL.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 32723-4045 30 Volusia	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

~~AXTELL, W. B.~~
~~600 NORTH BOUNDARY AVENUE #110-A~~
~~DELAND FL 32720~~

10. Name and Address of New Registered Agent

81 Name: DIANE WEILHEIMER
82 Street Address (P.O. Box Number is Not Acceptable): 1177 SHADY OAK LANE
83: DELAND FL.
84 City: DELAND FL 85 Zip Code: 32720

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: Diane Weilheimer 3/8/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	~~DELETE~~	1.1 TITLE	Diane Weilheimer treasurer	☐ Change ☒ Addition
NAME	CHASE, MARJORIE		1.2 NAME		
STREET ADDRESS	832 MARCY DR		1.3 STREET ADDRESS	1177 Shady Oak Lane	
CITY-ST-ZIP	DELAND FL 32724		1.4 CITY-ST-ZIP	DeLand, FL 32720	
TITLE	T	~~DELETE~~	2.1 TITLE	Edith Merriman Secretary	☐ Change ☒ Addition
NAME	AXTELL, W B		2.2 NAME		
STREET ADDRESS	600 N BOUNDARY AVE		2.3 STREET ADDRESS	1124 N OLD MILL DR 32725	
CITY-ST-ZIP	DELAND FL		2.4 CITY-ST-ZIP	DELTONA 32725	
TITLE	D Board of Directors	~~DELETE~~	3.1 TITLE	Dr. ROBERT T. McKey President	☐ Change ☒ Addition
NAME	ROSENBERG, MURRAY		3.2 NAME		
STREET ADDRESS	37031 CASSIA CHURCH RD		3.3 STREET ADDRESS	1030 W. TORCHWOOD DR.	
CITY-ST-ZIP	EUSTIS FL		3.4 CITY-ST-ZIP	DELAND, FL. 32724	
TITLE	~~D~~	☐ DELETE	4.1 TITLE	BLANCHE SHAPIRO Chair Person	☒ Change ☐ Addition
NAME	SHAPIRO, BLANCHE		4.2 NAME		
STREET ADDRESS	718 W NEW YORK AVE		4.3 STREET ADDRESS	Box 25	
CITY-ST-ZIP	DELAND FL		4.4 CITY-ST-ZIP	DeLAND, FL. 32721	
TITLE	D	☐ DELETE	5.1 TITLE	Board of Directors	☒ Change ☐ Addition
NAME	CHOOS, REGENE		5.2 NAME	REGENE M. CHOOS	
STREET ADDRESS	835 W NEW YORK AVE		5.3 STREET ADDRESS	835 W. New York	
CITY-ST-ZIP	ORANGE CITY FL		5.4 CITY-ST-ZIP	ORANGE CITY, FL 32763	
TITLE	D ~~Board of Directors~~ Acting V.P.	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	TROWBRIDGE, JOHN H		6.2 NAME		
STREET ADDRESS	150 N STARK AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE CITY FL 32763		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 REQUIRED 3/8/99 904-736-8751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Diane Weilheimer