

20 2 UNIFORM BUSINESS REPORT (UBR)

2/24/02-90037-014-\$61.25-\$61.25

APPROVED
AND
FILED

1092

DOCUMENT # N46265

1. Entity Name

THE DR. EARL JOINER HOLOCAUST MEMORIAL COUNCIL, INC.

02 OCT 15 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1177 SHADY OAK LN O 3703/CASSIA
DELAND FL 32720
US
EUSTIS, FL
32726

Mailing Address

4. R.D.
P.O. BOX 4045
DELAND FL 32723-4045
US

2. Principal Place of Business

31031/CASSIA Ch. Rd.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 996
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

59 3112-442

FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEILHEIMER, DIANE
1177 SHADY OAK LN.
DELAND FL 32720

MURRAY ROSENBERG
37031/CASSIA Ch. Rd.
EUSTIS, FL 32736

7. Name and Address of New Registered Agent

Name MURRAY ROSENBERG

Street Address (P.O. Box Number is Not Acceptable)

37031 CASSIA CHURCH ROAD

City EUSTIS, FL.

FL

Zip Code 32736

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	WEILHEIMER, DIANE	<input checked="" type="checkbox"/> Delete
NAME		1177 SHADY OAK LN	
STREET ADDRESS		DELAND FL 32720	
CITY-ST-ZIP			
TITLE	SC	MARRIMAR, EDITH	<input checked="" type="checkbox"/> Delete
NAME		1124 N. OLD MILL DR.	
STREET ADDRESS		DELTONA FL 32725	
CITY-ST-ZIP			
TITLE	Rev.	DP	<input type="checkbox"/> Delete
NAME		MULKEY, ROBERT	
STREET ADDRESS		1030 W. TORCHWOOD DR.	
CITY-ST-ZIP		DELAND FL 32724	
TITLE	D	SHAPIRO, BLANCHE	<input checked="" type="checkbox"/> Delete
NAME		P.O. BOX 25	
STREET ADDRESS		DELAND FL 32721	
CITY-ST-ZIP			
TITLE	D	TROWBRIDGE, JOHN H	<input type="checkbox"/> Delete
NAME		150 N STARK AVE	
STREET ADDRESS		ORANGE CITY FL 32763	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Chair	MURRAY ROSENBERG	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		37031 CASSIA CHURCH ROAD	
STREET ADDRESS		EUSTIS, FL. 32736	
CITY-ST-ZIP			
TITLE	Trustee	EARLENE TROWBRIDGE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		150 N. STARK AVE.	
STREET ADDRESS		ORANGE CITY, FL. 32763	
CITY-ST-ZIP			
TITLE	Co-Chair	WALTER MENTZER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1081 TORCHWOOD DR.	
STREET ADDRESS		DELAND FL 32724	
CITY-ST-ZIP			
TITLE	Secy	VANESSA MOODY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		250 N. KENTUCKY AVE	
STREET ADDRESS		DELAND FL 32724	
CITY-ST-ZIP			
TITLE	T	M. DALE BRENNER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1972 W. CANAL ROAD	
STREET ADDRESS		DELTONA FL 32738	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Murray Rosenberg 9/30/02 (252) 483-7450

The Dr. Earl Joiner Holocaust Memorial Council, Inc.

P. O. Box 996

Deland, Florida 32721-0996

Florida Dept. of State

Division of Corporations

P. O. Box 1500

Tallahassee, Florida 32302-1500

September 30, 2002

Gentlemen,

Enclosed is a copy of the letter that was on file requesting additional information. The woman, Blanche Shapiro passed away and our post office box was canceled due to lack of payment for the rental. No one of our organization was aware of this so I had to bring things back to an updated, new post office box which now appears on the top of this letter. We paid the sum of \$ 61.25 and I made some changes to the form. Please accept the new changes from our organization and waver any late charges due to the explained circumstances. I hope all is in proper order.

Sincerely,



Murray Rosenberg, co-chairman

*10-11-02 P.S. you are in receipt of our \$61.25
check and want you to apply that to this
corrected application. Thank you
Murray Rosenberg*