


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90020 003 ****61.25

DOCUMENT # N46265 1. Entity Name THE DR. EARL JOINER HOLOCAUST MEMORIAL COUNCIL, INC.					
Principal Place of Business 37031 CASSIA CHURCH RD EUSTIS FL 32736 US			Mailing Address P O BOX 996 DELAND FL 32721-0996 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3112442	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROSENBERG, MURRAY 37031 CASSIA CHURCH ROAD EUSTIS FL 32736			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT ROSENBERG, MURRAY 37031 CASSIA CHURCH RD EUSTIS FL 32736 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VICE PRESIDENT - TREASURER	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM BRENNER, DALE BRENNER <input type="checkbox"/> Delete 1972 W. CANAL RD. DELTONA FL 32738		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BRENNER, DALE PRESIDENT	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RTDP <input checked="" type="checkbox"/> Delete MULKEY, ROBERT. 1030 W. TORCHWOOD DR. DELAND FL 32724		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT <input checked="" type="checkbox"/> Delete MENTZER, WALTER 1081 TORCHWOOD DR DELAND FL 32724		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete MOODY, VANESSA 250 N KENTUCKY AVE #1 DELAND FL 32724		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SECRETARY	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM <input type="checkbox"/> Delete BRENNER, STEPHEN EN 1972 W. CANAL RD. 1972 DELTONA FL 32738		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BRENNER, STEPHEN 1972 WEST CANAL ROAD VICE PRESIDENT MEMBERSHIP	
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: <u>Dale Brenner</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/1/2004 (386) 789-0746 Date Daytime Phone #		