

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 12, 2004 08:00 AM  
Secretary of State

DOCUMENT # N95000005122

1. Entity Name  
INTERNATIONAL HOLOCAUST EDUCATIONAL CENTER,  
INC.



Principal Place of Business  
C/O DJ SNYDER  
6529 CENTRAL AVENUE  
SAINT PETERSBURG, FL 33710

Mailing Address  
6529 CENTRAL AVENUE  
SAINT PETERSBURG, FL 33710



01082004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3353143

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SNYDER, D J  
6529 CENTRAL AVENUE  
SAINT PETERSBURG, FL 33710

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000086141

03/12/04 00012 011 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PDS  
LOEBENBERG, DAVID  
6529 CENTRAL AVENUE  
ST. PETERSBURG, FL 33710

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WERLY, AL  
6529 CENTRAL AVENUE  
ST. PETERSBURG, FL 33710

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SNYDER, D. JAY  
6529 CENTRAL AVENUE  
ST. PETERSBURG, FL 33710

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-04 727 347-8900

Date

Daytime Phone #