

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000007804

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** TERRI SCHIAVO LIFE & HOPE NETWORK, INC.

**Current Principal Place of Business:**

5562 CENTRAL AVENUE, SUITE 2  
ST. PETERSBURG, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

5562 CENTRAL AVENUE, SUITE 2  
ST. PETERSBURG, FL 33707

**New Mailing Address:**

**FEI Number:** 34-2054863

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SUZANNE, VITADAMO  
5562 CENTRAL AVENUE  
2  
ST. PETERSBURG, FL 33707 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  
**Name:** SCHINDLER JR, ROBERT S  
**Address:** 2109 BAYSHORE BLVD #606  
**City-St-Zip:** TAMPA, FL 33606

**Title:** D  
**Name:** VITADAMO, SUZANNE  
**Address:** 6368 7TH AVENUE N.  
**City-St-Zip:** ST. PETERSBURG, FL 33710

**Title:** D  
**Name:** PAUL O' DONNELL-FRANCISEAN BROS OF PEACE  
**Address:** 1289 LAFOND AVE  
**City-St-Zip:** SAINT PAUL, MN 55104

I hereby 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 all other like empowered.

**SIGNATURE:** SUZANNE VITADAMO

DIR

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date