

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-02-2004 90043 043 ****61.25

DOCUMENT # N94000005419							
1. Entity Name SCHOTT MEMORIAL CENTER, INC.							
Principal Place of Business 6591 S.W. 124TH AVE. FT. LAUDERDALE, FL 33330			Mailing Address 6591 S.W. 124TH AVE. FT. LAUDERDALE, FL 33330				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 65-0556524			
				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
FITZGERALD, J. PATRICK 110 MERRICK WAY, STE. 3B CORAL GABLES, FL 33134			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition			
NAME	HILTZ, FRANCI	NAME	MSGR ANDY ANDERSON				
STREET ADDRESS	6650 MIRA LAKE DRIVE	STREET ADDRESS	9401 BISCAYNE BLVD				
CITY-ST-ZIP	CINCINNATI, OH 45243	CITY-ST-ZIP	MIAMI SHORES FL 33138				
TITLE	ATD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition			
NAME	MCCONNEL, ROBERT	NAME	DR. JUDY BALCERSKI				
STREET ADDRESS	7706 COLONY LAKE DRIVE	STREET ADDRESS	6591 S FLAMINGO ROAD				
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	CITY-ST-ZIP	COOPER CITY FL 33330				
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition			
NAME	SCHOTT, STEPHEN M	NAME	VICKI MINNAUGH				
STREET ADDRESS	201 E 5TH ST	STREET ADDRESS	17905 NW 15 ST				
CITY-ST-ZIP	CINCINNATI, OH 45202	CITY-ST-ZIP	PEMBROKE PINES FL 33029				
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition			
NAME	SCHOTT, GREGG	NAME	KATHLEEN DOYLE				
STREET ADDRESS	201 E 5TH ST	STREET ADDRESS	200 EAST LAS OLAS BLVD #1400				
CITY-ST-ZIP	CINCINNATI, OH 45202	CITY-ST-ZIP	FT. LAUDERDALE FL 33301				
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition			
NAME	ARISTY, JUAN	NAME	RICK KAPP				
STREET ADDRESS	4215 S.W. 33RD DR.	STREET ADDRESS	2505 INLET DR				
CITY-ST-ZIP	HOLLYWOOD, FL 33023	CITY-ST-ZIP	FT LAUDERDALE FL 33316				
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition			
NAME	HENNESSEY, WILLIAM (NAME	J. E. PIRIZ				
STREET ADDRESS	8401 BISCAYNE BLVD	STREET ADDRESS	3501 JOHNSON ST				
CITY-ST-ZIP	MIAMI SHORES, FL 33138	CITY-ST-ZIP	HOLLYWOOD FL				
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: <i>William Hennessey</i>			1-27-04				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date				
			Daytime Phone #				