

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	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	MSGR ANDY ANDERSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HILTZ, FRANCIE	NAME	9401 BISCAYNE BLVD		
STREET ADDRESS	6650 MIRA LAKE DRIVE	STREET ADDRESS	MIAMI SHORES FL 33138		
CITY-ST-ZIP	CINCINNATI, OH 45243	CITY-ST-ZIP			
TITLE	ATD <input type="checkbox"/> Delete	TITLE	DR. JUDY BALCERSKI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MCCONNEL, ROBERT	NAME	6591 S FLAMINGO ROAD		
STREET ADDRESS	7706 COLONY LAKE DRIVE	STREET ADDRESS	COOPER CITY FL 33330		
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	VICIKI MINNAUGH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SCHOTT, STEPHEN M	NAME	17905 NW 15 ST		
STREET ADDRESS	201 E 5TH ST	STREET ADDRESS	PEMBROKE PINES FL 33029		
CITY-ST-ZIP	CINCINNATI, OH 45202	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	KATHLEEN DOYLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SCHOTT, GREGG	NAME	200 EAST LAS OLAS BLVD #1400		
STREET ADDRESS	201 E 5TH ST	STREET ADDRESS	FT. LAUDERDALE FL 33301		
CITY-ST-ZIP	CINCINNATI, OH 45202	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	RICK KAPP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ARISTY, JUAN	NAME	2505 INLET DR		
STREET ADDRESS	4215 S.W. 33RD DR.	STREET ADDRESS	FT LAUDERDALE FL 33316		
CITY-ST-ZIP	HOLLYWOOD, FL 33023	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	J. E. PIRIZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HENNESSEY, WILLIAM (NAME	3501 JOHNSON ST		
STREET ADDRESS	8401 BISCAYNE BLVD	STREET ADDRESS	HOLLYWOOD FL		
CITY-ST-ZIP	MIAMI SHORES, FL 33138	CITY-ST-ZIP			
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 the empowered.					
SIGNATURE: 1-27-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					