

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000923

FILED
Jan 03, 2007
Secretary of State

Entity Name: THE TERRI SCHINDLER SCHIAVO FOUNDATION CENTER FOR HEALTH CARE ETHICS, 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: 04-3612698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHECHELE, T. SAMANTHA P.A.
5625 CENTRAL AVENUE
ST. PETERSBURG, FL 33710 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 () Delete
Name: SCHINDLER, ROBERT S SR
Address: 6075 SHORE BLVD S APT 402
City-St-Zip: GULFPORT, FL 33707

Title: D () Delete
Name: SCHINDLER, ROBERT S JR
Address: 3101 SEAWAY CT #105
City-St-Zip: TAMPA, FL 33629

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SUZANNE VITADAMO

DIR

01/03/2007

Electronic Signature of Signing Officer or Director

Date