


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90183 012 ****61.25

DOCUMENT # N02000000923					
1. Entity Name THE TERRI SCHINDLER SCHIAVO FOUNDATION CENTER FOR HEALTH CARE ETHICS, INC.					
Principal Place of Business 5562 CENTRAL AVENUE SUITE 2 ST PETERSBURG, FL 33707			Mailing Address 5562 CENTRAL AVENUE SUITE 2 ST PETERSBURG, FL 33707		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 04-3612698	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHECHELE, T. SAMANTHA P.A. 5625 CENTRAL AVENUE ST. PETERSBURG, FL 33710			7. Name and Address of New Registered Agent Name: <u>Suzanne Vitadamo</u> Street Address (P.O. Box Number is Not Acceptable): <u>5562 Central Ave</u> City: <u>St. Petersburg</u> FL Zip Code: <u>33707</u>		
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: <u>Suzanne Vitadamo</u> DATE: <u>4/25/08</u> <small>(Signature, type 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, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	D SCHINDLER, ROBERT S SR 6075 SHORE BLVD S APT 402 GULFPORT, FL 33707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B.O.D Paul O'Donnell Franciscan Brothers of Peace 1289 Lafond Ave St. Paul, MN 55104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHINDLER, ROBERT S JR 3101 SEAWAY CT #105 TAMPA, FL 33629	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B.O.D Fran Siracusa 2850 Weathersfield CT Clearwater, FL 33761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VITADAMO, SUZANNE 6368 7TH AVENUE N ST. PETERSBURG, FL 33710	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B.O.D Ed Potilla 6011 19th St. N.E. St. Petersburg, FL 33703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B.O.D MARK J. Sweere Franciscan Brothers of Peace 1289 Lafond Ave. St. Paul, MN 55104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Suzanne Vitadamo</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/25/08</u> Daytime Phone #: <u>727-496-7603</u>		