

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000923

FILED  
Apr 30, 2009  
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:**

VITADAMO, SUZANNE  
5562 CENTRAL AVE  
SAINT 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 ( ) 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

Title: BOD ( ) Delete  
Name: O'DONNELL, PAUL  
Address: 1289 LAFOND AVE  
City-St-Zip: SAINT PAUL, MN 55104

Title: BOD (X) Delete  
Name: COTILLA, ED  
Address: 6011 19TH ST. N.E.  
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: BOD ( ) Delete  
Name: SWEERE, MARK J  
Address: FRANSICAN BROTHERS OF PEACE  
City-St-Zip: SAINT PAUL, MN 55104

**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:

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 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

04/30/2009

Electronic Signature of Signing Officer or Director

Date