2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Apr 30, 2008 8:00 am Secretary of State 04-30-2008 90183 015 ****61.25

1. Entity Name THE TERRI SCHINDLER SCHIAVO FOUNDATION, 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 P	lace of Busin	3. Mailing Ad	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04252008	Chg-NP CR2E	037 (12/06)		
City & State			City & State			4. FEI Number 34-20548	4. FEI Number Applied For 34-2054863 Not Applicable				
Zip	Country		Zip		Country		5. Certificate of	5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registe							7. Name and Ad	7. Name and Address of New Registered Agent			
CHECHELE, T. SAMANTHA P.A.						<u> </u>	anne Vitadamo				
5625 CENTRAL AVENUE ST. PETERSBURG, FL 33710							ss (P.D. Box Number i	S Not Acceptable)	·		
				St. P			etersburg	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 Signature. Typed or crimted name of registered agent and title if applicable (NOTE Registered Agent signature required when renstating) DATE											
-	organistic, types	y printed half of registered agents	Т	(107)	- negatarea ng		SIEC WIEITCH SIGN 97				
					npaign Fina Contribution		\$5.00 May Be Added to Fees		ck payable to artment of Sta		
10.	F	OFFICERS AND DIF			11.			GES TO OFFICERS AND D			
TITLE NAME STREET ADDRESS	6075 SHC	ER SR., ROBERT S DRE BLVD., S. #402] Delete	TITLE NAME STREET A	00RESS 129	U o'Donnell 19 Latend A		S. of Place	☐ Addition (C	
CITY-ST-ZIP	 	RT, FL 33707			CITY-ST	- 3.		55104			
TITLE NAME	D	ER JR., ROBERT S	L	Delete	TITLE P		an Siracus		Change	Addition	
STREET ADDRESS	3101 SEA	WAY CT. #105				DURESS	So Weather				
CITY-ST-ZIP	TAMPA, F	L 33629		Delete	CITY-ST		, , , , , , , , , , , , , , , , , , , 	FL 33761	☐ Change	Addition	
NAME	VITADAM	O, SUZANNE		_ Delete	NAME	60	l Cotilla 111 191 St.	NE	Change	LS Addition	
STREET ADDRESS CITY-ST-ZIP	i	AVENUE N. RSBURG, FL 33710			STREET A	ODRESS S+	Petersbor	_			
TITLE				Delete	TITLE P	D M	ark J. Swe	ere. other of Place	⁺ Change	Addition	
NAME STREET ADDRESS					NAME STREET A	DDRESS D	ancistan 1510	Ave			
CITY-ST-ZIP		<u> </u>			CITY-ST	- ZIP S+	Paul m	N 55104			
TITLE NAME			-	☐ Delete	TITLE NAME				☐ Change	Addition	
STREET ADDRESS					STREET A	ADDRESS					
CITY-ST-ZIP	ļ <u></u>			<u>.</u>	CITY-ST	- ZIP					
TITLE NAME				Delete	TITLE NAME				☐ Change	Addition .	
STREET ADDRESS					STREET A	ADDRESS					
CITY-ST-ZIP					CITY-ST						
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.											