

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007804

FILED
Jan 14, 2009
Secretary of State

Entity Name: THE TERRI SCHINDLER SCHIAVO FOUNDATION, 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: 34-2054863

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:

CHECHELE, T. SAMANTHA P.A.
7127 FIRST AVENUE SOUTH
ST. PETERSBURG, FL 33707 US

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: T SAMANTHA CHECHELE

01/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHINDLER SR., ROBERT S
Address: 6075 SHORE BLVD., S. #402
City-St-Zip: GULFPORT, FL 33707

Title: D () Delete
Name: SCHINDLER JR., ROBERT S
Address: 3101 SEA WAY 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: D () Delete
Name: PAUL O' DONNELL-FRAN, CISEAN BROS OF PEACE
Address: 1289 LATOND AVE
City-St-Zip: SAINT PAUL, MN 55104

Title: D () Delete
Name: SIRACUSA, FRAN
Address: 2850 WEATHERSFIELD CT
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: COTILLA, ED
Address: 6011 19TH ST NE
City-St-Zip: SAINT PETERSBURG, FL 33703

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: D (X) Change () Addition
Name: PAUL O' DONNELL-FRAN, CISEAN BROS OF PEACE
Address: 1289 LAFOND AVE
City-St-Zip: SAINT PAUL, MN 55104

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

01/14/2009

Electronic Signature of Signing Officer or Director

Date