

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004094

FILED
Mar 21, 2009
Secretary of State

Entity Name: SCHORR FOUNDATION INC

Current Principal Place of Business:

6646 OAKBROOKE
BRADENTON, FL 34202

New Principal Place of Business:

Current Mailing Address:

6646 OAKBROOKE
BRADENTON, FL 34202

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHORR, JAMES L
6646 OAKBROOK
BRADENTON, FL 34202 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: SCHORR, SR., JAMES L
Address: 6646 OAKBROOK
City-St-Zip: BRADENTON, FL 34202

Title: D () Delete
Name: SCHORR, JR., JAMES L
Address: 6646 OAKBROOK
City-St-Zip: BRADENTON, FL 34202

Title: D () Delete
Name: GULSBY, PATTI D
Address: 6646 OAKBROOK
City-St-Zip: BRADENTON, FL 34202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: SCHORR, PATTI D
Address: 6646 OAKBROOK
City-St-Zip: BRADENTON, FL 34202

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: JAMES L. SCHORR

CHMN

03/21/2009

Electronic Signature of Signing Officer or Director

Date