

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N09346

1. Entity Name
THE SCHWARTZ FAMILY QUARTET, INC.



Principal Place of Business

**C/O FANNIE SCHWARTZ
3366 8TH STREET
SARASOTA, FL 34237**

Mailing Address

**C/O FANNIE SCHWARTZ
3366 8TH STREET
SARASOTA, FL 34237**



01092004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2737516	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SCHWARTZ, FANNIE
3366 8TH STREET
SARASOTA, FL 33577**

**DO NOT WRITE
IN THIS SPACE**

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHWARTZ, PETER N.
STREET ADDRESS	4720 CRONIN DR.
CITY-ST-ZIP	SARASOTA, FL
TITLE	VD
NAME	SCHWARTZ, MARTHA J.
STREET ADDRESS	4720 CRONIN DR.
CITY-ST-ZIP	SARASOTA, FL
TITLE	VD
NAME	SCHWARTZ, MARGARET
STREET ADDRESS	3366 8TH STREET
CITY-ST-ZIP	SARASOTA, FL
TITLE	STD
NAME	SCHWARTZ, FANNIE
STREET ADDRESS	3366 8TH STREET
CITY-ST-ZIP	SARASOTA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/28/04-80069-020 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Fannie Schwartz, Fannie Schwartz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 23, '04
Date

941-957-3659
Daytime Phone #