

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N09346

1. Entity Name

THE SCHWARTZ FAMILY QUARTET, INC.



Principal Place of Business

Mailing Address

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

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2737516

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWARTZ, FANNIE
3366 8TH STREET
SARASOTA FL 33577

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: PD ☐ Delete
NAME: SCHWARTZ, PETER N.
STREET ADDRESS: 4720 CRONIN DR.
CITY-STATE-ZIP: SARASOTA FL

TITLE: VD ☐ Delete
NAME: SCHWARTZ, MARTHA J.
STREET ADDRESS: 4720 CRONIN DR.
CITY-STATE-ZIP: SARASOTA FL

TITLE: VD ☐ Delete
NAME: SCHWARTZ, MARGARET
STREET ADDRESS: 3366 8TH STREET
CITY-STATE-ZIP: SARASOTA FL

TITLE: STD ☐ Delete
NAME: SCHWARTZ, FANNIE
STREET ADDRESS: 3366 8TH STREET
CITY-STATE-ZIP: SARASOTA FL

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
U000000598742
01/24/07-80088-004 61.25

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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