

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09346

FILED  
Mar 04, 2009  
Secretary of State

Entity Name: THE SCHWARTZ FAMILY QUARTET, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-2737516

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHWARTZ, FANNIE  
3366 8TH STREET  
SARASOTA, FL 33577 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: PD ( ) Delete  
Name: SCHWARTZ, PETER N.,  
Address: 4720 CRONIN DR.  
City-St-Zip: SARASOTA, FL

Title: VD ( ) Delete  
Name: SCHWARTZ, MARTHA J.,  
Address: 4720 CRONIN DR.  
City-St-Zip: SARASOTA, FL

Title: VD ( ) Delete  
Name: SCHWARTZ, MARGARET,  
Address: 3366 8TH STREET  
City-St-Zip: SARASOTA, FL

Title: STD ( ) Delete  
Name: SCHWARTZ, FANNIE,  
Address: 3366 8TH STREET  
City-St-Zip: SARASOTA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SCHWARTZ, PETER N.,  
Address: 4720 CRONIN DR.  
City-St-Zip: SARASOTA, FL 34237 US

Title: VD (X) Change ( ) Addition  
Name: SCHWARTZ, MARTHA J.,  
Address: 4720 CRONIN DR.  
City-St-Zip: SARASOTA, FL 34237 US

Title: VD (X) Change ( ) Addition  
Name: SCHWARTZ, MARGARET,  
Address: 3366 8TH STREET  
City-St-Zip: SARASOTA, FL 34237 US

Title: STD (X) Change ( ) Addition  
Name: SCHWARTZ, FANNIE,  
Address: 3366 8TH STREET  
City-St-Zip: SARASOTA, FL 34237 US

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: FANNIE SCHWARTZ

STD

03/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date