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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N13141 (9)

1. Corporation Name

SCHOTT MEMORIAL CENTER FOUNDATION, INC.



Principal Place of Business

Mailing Address

% ARCHDIOCESE OF MIAMI  
9401 BISCAYNE BLVD.  
MIAMI SHORES FL 33138

% ARCHDIOCESE OF MIAMI  
9401 BISCAYNE BLVD.  
MIAMI SHORES FL 33138

3. Date Incorporated or Qualified

01/24/1986

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 6591 SW 124th Ave

26 6591 SW 124th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Ft. LAUDERDALE FL

28 Ft. LAUDERDALE FL

Zip

Country

Zip

Country

24 33330

25 USA

29 33330

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FITZGERALD, J. PATRICK  
110 MERRICK WAY  
SUITE 2-C  
CORAL GABLES FL 33134

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD  
NAME PARELLO, RAYMOND  
STREET ADDRESS 14430 MUSTANG TRAIL  
CITY-ST-ZIP FT. LAUDERDALE FL

1.1 TITLE D  
1.2 NAME McCONNELL, ROBERT  
1.3 STREET ADDRESS 4105 WIMBELTON DRIVE  
1.4 CITY-ST-ZIP COOPER CITY, FL 33026

TITLE ATD  
NAME HENNESSEY, REV. WILLIAM  
STREET ADDRESS 9401 BISCAYNE BLVD  
CITY-ST-ZIP MIAMI SHORES FL

2.1 TITLE D  
2.2 NAME SCHOTT, GREG  
2.3 STREET ADDRESS 1154 WHITSHIRE LANE  
2.4 CITY-ST-ZIP CINCINNATI OH 45202

TITLE SD  
NAME ARISTY, JUAN  
STREET ADDRESS 4215 S.W. 33RD DRIVE  
CITY-ST-ZIP HOLLYWOOD FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD  
NAME VITUCCI, JAMES R  
STREET ADDRESS 6591 S.W. 124TH AVENUE  
CITY-ST-ZIP DAVIE FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE AST  
NAME VITUCCI, JAMES  
STREET ADDRESS 6591 S.W. 124TH AVENUE  
CITY-ST-ZIP DAVIE FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE PD  
NAME SCHOTT, STEPHEN  
STREET ADDRESS 221 E 4 ST., ATRIUM 2, 22ND FLOOR  
CITY-ST-ZIP CINCINNATI OH

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

R. GREG SCHOTT R. GREG SCHOTT

3-26-96

Date

954  
434-3306

Daytime Phone #

CR2E037 (12/95)