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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13141

1. Corporation Name

SCHOTT MEMORIAL CENTER FOUNDATION, INC.

Principal Place of Business

6591 SW 124TH AVE
FT. LAUDERDALE FL 33330
US

Mailing Address

6591 SW 124TH AVE
FT. LAUDERDALE FL 33330
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

01/24/1986

4. FEI Number

59-2798816

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

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

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

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

TITLE D ☐ DELETE
NAME MCCONNELL, ROBERT
STREET ADDRESS 4105 WIMBELTON DRIVE
CITY-ST-ZIP COOPER CITY FL

TITLE PD ☐ DELETE
NAME SCHOTT, STEPHEN
STREET ADDRESS 201 EAST 5TH ST
CITY-ST-ZIP CINCINNATI OH 45202

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME M D
1.3 STREET ADDRESS GREEN JOHN R.
1.4 CITY-ST-ZIP 530 FAIRFAY AVE
DAVIE, FL 33325

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

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

14. 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 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, with all other like empowered.

SIGNATURE

John R. Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-98

Date

(954) 434-3306

Daytime Phone #

CR2E037 (11/98)