
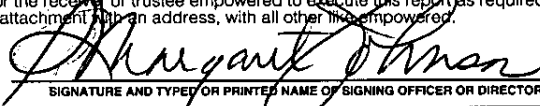


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90043 042 ****61.25

DOCUMENT # N13141 1. Entity 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2798816	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FITZGERALD, J. PATRICK 110 MERRICK WAY SUITE 2-C CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PARELLO, RAYMOND <input checked="" type="checkbox"/> Delete 14430 MUSTANG TRAIL FT. LAUDERDALE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD HENNESSEY, REV. WILLIAM <input type="checkbox"/> Delete 9401 BISCAYNE BLVD MIAMI SHORES, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARISTY, JUAN <input type="checkbox"/> Delete 4215 S.W. 33RD DRIVE HOLLYWOOD, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHOTT, R GREG <input type="checkbox"/> Delete 201 EAST 5TH ST, #1750 CINCINNATI, OH 45202				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCONNELL, ROBERT <input type="checkbox"/> Delete 7716 COLONY LAKE DRIVE BOYNTON BEACH, FL 33436				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHOTT, STEPHEN <input type="checkbox"/> Delete 201 EAST 5TH ST CINCINNATI, OH 45202				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MSGR ANDY ANDERSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9401 BISCAYNE BLVD MAIMI SHORES FL 33138				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. OLIVER DIPIETRO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 259 POINCIANA DRIVE MIAMI BEACH FL 33160				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANCIE HILTZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6650 MIRA LAKE DR CINCINNATI OH 45243				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 recipient 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 1-27-04 Daytime Phone #					