

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13141

FILED
Feb 25, 2009
Secretary of State

Entity Name: SCHOTT MEMORIAL CENTER FOUNDATION, INC.

Current Principal Place of Business:

6591 SW 124TH AVE
FT. LAUDERDALE, FL 33330 US

New Principal Place of Business:

Current Mailing Address:

6591 SW 124TH AVE
FT. LAUDERDALE, FL 33330 US

New Mailing Address:

FEI Number: 59-2798816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITZGERALD, J. PATRICK
110 MERRICK WAY
SUITE 2-C
CORAL GABLES, FL 33134 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: MGR () Delete
Name: ANDERSON, ANDY
Address: 9401 BUSCAYNE BLVD.
City-St-Zip: MIAMI, FL 33138

Title: DR. () Delete
Name: DIPIETRO, OLIVER
Address: 1045-95TH STREET STE 100
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: SD () Delete
Name: ARISTY, JUAN,
Address: 4215 S.W. 33RD DRIVE
City-St-Zip: HOLLYWOOD, FL

Title: TD () Delete
Name: SCHOTT, R GREG
Address: 201 EAST 5TH ST, #1750
City-St-Zip: CINCINNATI, OH 45202

Title: D () Delete
Name: MCCONNELL, ROBERT
Address: 7716 COLONY LAKE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: PD () Delete
Name: SCHOTT, STEPHEN
Address: 201 EAST 5TH ST
City-St-Zip: CINCINNATI, OH 45202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FRANK CASALE

D

02/25/2009

Electronic Signature of Signing Officer or Director

Date