

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005419

FILED  
Feb 25, 2009  
Secretary of State

**Entity Name:** SCHOTT MEMORIAL CENTER, INC.

**Current Principal Place of Business:**

6591 S.W. 124TH AVE.  
FT. LAUDERDALE, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

6591 S.W. 124TH AVE.  
FT. LAUDERDALE, FL 33330

**New Mailing Address:**

**FEI Number:** 65-0556524

**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, STE. 3B  
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: V ( ) Delete  
Name: FITZGERALD, MICHAEL  
Address: PO BOX 6246  
City-St-Zip: CHARLOTTESVILLE, VA 22906

Title: ATD ( ) Delete  
Name: MCCONNEL, ROBERT  
Address: 8698 TIERRA LAGO DRIVE  
City-St-Zip: COOPER CITY, FL 33330

Title: M ( ) Delete  
Name: CASALE, FRANK  
Address: 2880 CARDINAL DR  
City-St-Zip: COOPER CITY, FL 33026

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

Title: ST ( ) Delete  
Name: SALLARULO, LAURIE  
Address: 5631 NE 16TH TER  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: D ( ) Delete  
Name: PRADO, LAURA  
Address: 420 ALEXANDRIA DR  
City-St-Zip: WESTON, FL 33326

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

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

Title: ATD (X) Change ( ) Addition  
Name: MCCONNEL, ROBERT  
Address: 8698 TIERRA LAGO COVE  
City-St-Zip: LAKE WORTH, FL 33467

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

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

Title: ST (X) Change ( ) Addition  
Name: ROBERTS, THERESE M  
Address: 804 2 LAS OLAS BLVD  
City-St-Zip: FT LAUDERDALE, FL 33312

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