

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N96000003185

1. Entity Name
THE TILLIE, JENNIE AND HAROLD SCHWARTZ
FOUNDATION, INC.



Principal Place of Business
240 S PINEAPPLE AVENUE
10TH FL
SARASOTA, FL 34236

Mailing Address
PO BOX 49948
SARASOTA, FL 34230

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07312008

Chg-NP

CR2E037 (12/06)

4. FEI Number
31-1471764

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOERR, KENNETH D
240 S. PINEAPPLE AVE., 10TH FL
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name

Band, David S.

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

240 S. Pineapple Ave., 10th Floor

City

Sarasota

FL

Zip Code

34236

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/11/08

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DPT ☐ Delete
NAME BAND, DAVID S
STREET ADDRESS 240 S. PINEAPPLE AVENUE 10TH FL
CITY-ST-ZIP SARASOTA, FL 34236

TITLE DP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVS ☒ Delete
NAME DOERR, KENNETH D
STREET ADDRESS 240 S. PINEAPPLE AVENUE
CITY-ST-ZIP SARASOTA, FL 34236

TITLE DV ☐ Change ☒ Addition
NAME Hanan, Benjamin R.
STREET ADDRESS 240 S. Pineapple Ave., 10th Floor
CITY-ST-ZIP Sarasota, FL 34236

TITLE DAS ☐ Delete
NAME SCHEMBRI, JENIFER S
STREET ADDRESS 240 S PINEAPPLE AVE
CITY-ST-ZIP SARASOTA, FL 34236

TITLE DST ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 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

Daytime Phone #

8/11/08

FILED
08 SEP -5 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



KS