

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N47292** (0)

1. Corporation Name

THE SCHUMANN FOUNDATION, INC.



Principal Place of Business

Mailing Address

1801 US HWY 1
VERO BEACH FL 32961

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VERO BEACH FL 32961

3. Date Incorporated or Qualified
02/10/1992

3a. Date of Last Report
02/22/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number

65-0298172

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHUMANN, JOHN J. JR
1801 US HWY 1
VERO BEACH FL 32961

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SCHUMANN, JOHN J.	
STREET ADDRESS	1801 US HWY 1	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SCHUMANN, RUTH D.	
STREET ADDRESS	1801 US HWY 1	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SCHUMANN, KATHERINE G.	
STREET ADDRESS	1801 US HWY 1	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	OFFUTT, HARRY C.	
STREET ADDRESS	3003 CARDINAL DR SUITE C	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	COOKSEY, BYRON T.	
STREET ADDRESS	979 BEACHLAND BLVD	
CITY - ST - ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Byron T. Cooksey, Secretary/Director

1/31/96

Date

407-231-1100

Daytime Phone #

CR2E037 (12/95)