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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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~~ ~~1801 US HWY 1~~
VERO BEACH FL ~~32961~~ VERO BEACH FL ~~32960-5415~~

3. Date Incorporated or Qualified 02/10/1992 3a. Date of Last Report 02/05/1996

2. Principal Place of Business 21 1320 Olde Doubloon Drive	2a. Mailing Address 26 3003 Cardinal Drive	4. FEI Number 65-0298172	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22	27 Suite C	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	28	30
23	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip 24 32963	Country 25	Zip 29 32963	Country 30

9. Name and Address of Current Registered Agent SCHUMANN, JOHN J. JR 1801 US HWY 1 VERO BEACH FL 32961	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1320 Olde Doubloon Drive 83 84 City FL 85 Zip Code 32963
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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 _____ (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	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUMANN, JOHN J.	1.2 NAME	
STREET ADDRESS	1801 US HWY 1	1.3 STREET ADDRESS	1320 Olde Doubloon Drive
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUMANN, RUTH D.	2.2 NAME	
STREET ADDRESS	1801 US HWY 1	2.3 STREET ADDRESS	1320 Olde Doubloon Drive
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUMANN, KATHERINE G.	3.2 NAME	
STREET ADDRESS	1801 US HWY 1	3.3 STREET ADDRESS	1320 Olde Doubloon Drive
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OFFUTT, HARRY C.	4.2 NAME	
STREET ADDRESS	3003 CARDINAL DR SUITE C	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOKSEY, BYRON T.	5.2 NAME	
STREET ADDRESS	979 BEACHLAND BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 1/14/97 (661) 231-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR NANCY C. OFFUTT Date 1/14/97 Daytime Phone # 0020515

CR2E037 (9/96)