

100-98 D-1186-C  
**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 30 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N47292 (0)**  
 1. Corporation Name  
**THE SCHUMANN FOUNDATION, INC.**



Principal Place of Business 1320 OLDE DOUBLOON DR VERO BEACH FL 32963 US	Mailing Address 1801 US HWY 1 C VERO BEACH FL 32963 US
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3. Date Incorporated or Qualified <b>02/10/1992</b>
4. FEI Number <b>65-0298172</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21	2a. Mailing Address 26 <b>3003 Cardinal Drive</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <b>C</b>
City & State 23	City & State 28 <b>Vero Beach FL</b>
Zip 24	Country 25
Country 29 <b>USA</b>	Zip 30 <b>32963</b>

**9. Name and Address of Current Registered Agent**

SCHUMANN, JOHN J. JR  
 1320 OLDE DOUBLOON DR  
 VERO BEACH FL 32963

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SCHUMANN, JOHN J.	
STREET ADDRESS	1320 OLDE DOUBLOON DR	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	SCHUMANN, RUTH D.	
STREET ADDRESS	1320 OLDE DOUBLOON DR	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SCHUMANN, KATHERINE G.	
STREET ADDRESS	1320 OLD DOUBLOON DR	
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		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	DV	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME	Mark K. Schumann	
1.3 STREET ADDRESS	1320 Olde Doubloon Drive	
1.4 CITY-ST-ZIP	Vero Beach, FL 32963	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED**  
 \_\_\_\_\_ CAP and 1/15/98 561 231-2100

CR2E037 (10/97)