

DOCUMENT # N47292

1. Entity Name

THE SCHUMANN FOUNDATION, INC.

Principal Place of Business

1320 OLDE DOUBLOON DR
VERO BEACH FL 32963
US

Mailing Address

3003 CARDINAL DR #C
VERO BEACH FL 32963
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0298172

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|---------------------------------|
| 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 type="checkbox"/> Delete |
| NAME | SCHUMANN, MARK K | |
| STREET ADDRESS | 1320 OLDE DOUBLOON DR | |
| CITY-ST-ZIP | VERO BEACH FL 32963 | |
| 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 | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

HARRY C. OFFUTT JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/01 561-231-2100
Date Daytime Phone #

00314

CP2E037 (10/00)