

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

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



01172005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
 65-0298172 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHUMANN, JOHN J. 1320 OLDE DOUBLOON DR VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCHUMANN, MARK K 1320 OLDE DOUBLOON DR VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCHUMANN, KATHERINE G. 1320 OLD DOUBLOON DR VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT OFFUTT, HARRY C. 3003 CARDINAL DR SUITE C VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COOKSEY, BYRON T. 979 BEACHLAND BLVD VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000211774
 02/02/05-80132-016 61.25

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12. I 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 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: *Byron T. Cooksey* 1/27/05 11231-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #