
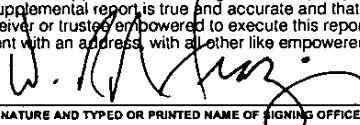


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90033 009 \*\*\*\*61.25

<b>DOCUMENT # 722386</b> 1. Entity Name <b>J.W. SCHIPPMANN FOUNDATION, INC.</b>					
Principal Place of Business <b>% FRAZIER &amp; FRAZIER</b> <b>1515 RIVERSIDE AVE., STE A</b> <b>JACKSONVILLE, FL 32204</b>			Mailing Address <b>% FRAZIER &amp; FRAZIER</b> <b>1515 RIVERSIDE AVE., STE A</b> <b>JACKSONVILLE, FL 32204</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
<b>6. Name and Address of Current Registered Agent</b>  <b>FRAZIER, W. ROBINSON</b> <b>1515 RIVERSIDE AVE, STE A</b> <b>JACKSONVILLE, FL 32204</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="text-align: right;">DATE _____</div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	VD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHMIDT, GERT H		NAME		
STREET ADDRESS	4232 ORTEGA FOREST DR		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP		
TITLE	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRAWLEY, BERNICE S		NAME		
STREET ADDRESS	5333 COLLINS AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH, FL		CITY-ST-ZIP		
TITLE	P/D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRAZIER, WILLIAM R		NAME		
STREET ADDRESS	1515 RIVERSIDE AVE, STE A		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32204		CITY-ST-ZIP		
TITLE	VSD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRAZIER, ROBINSON W		NAME		
STREET ADDRESS	1515 RIVERSIDE AVE., STE A		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32204		CITY-ST-ZIP		
TITLE	T/D		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHMIDT, JOHN C		NAME	T/D	
STREET ADDRESS	1990 3RD STREET SOUTH		STREET ADDRESS	SCHMIDT, JOHN C.	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP	55 SAN JUAN DRIVE	
TITLE			TITLE	PONTI VEDRA BEACH, FL 32082	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> 			1-5-06 904-353-5616		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <b>W. Robinson Frazier</b>					