

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90089 015 ****61.25

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DOCUMENT # 722386 1. Entity Name J.W. SCHIPPMANN FOUNDATION, INC.					
Principal Place of Business % FRAZIER & FRAZIER 1515 RIVERSIDE AVE., STE A JACKSONVILLE, FL 32204			Mailing Address % FRAZIER & FRAZIER 1515 RIVERSIDE AVE., STE A JACKSONVILLE, FL 32204		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1004904	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FRAZIER, W. ROBINSON 1515 RIVERSIDE AVE, STE A JACKSONVILLE, FL 32204				7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHMIDT, GERT H <input checked="" type="checkbox"/> Delete 4232 ORTEGA FOREST DR JACKSONVILLE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAWLEY, BERNICE S <input checked="" type="checkbox"/> Delete 5333 COLLINS AVE MIAMI BCH, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D FRAZIER, WILLIAM R <input type="checkbox"/> Delete 1515 RIVERSIDE AVE, STE A JACKSONVILLE, FL 32204				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FRAZIER, ROBINSON W <input type="checkbox"/> Delete 1515 RIVERSIDE AVE., STE A JACKSONVILLE, FL 32204				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D SCHMIDT, JOHN C <input type="checkbox"/> Delete 55 SAN JUAN DRIVE PONTE VEDRA BEACH, FL 32082				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D SCHMIDT, JOHN C <input type="checkbox"/> Delete 55 SAN JUAN DRIVE PONTE VEDRA BEACH, FL 32082				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VTD SCHMIDT, JOHN C. 55 SAN JUAN DRIVE PONTE VEDRA BEACH, FL 32082					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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.					
SIGNATURE: <u>W. Robinson Frazier</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> W. Robinson Frazier, Vice President				1-12-07 904-353-5616 <small>Date Daytime Phone #</small>	