

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008217

FILED
May 24, 2004
Secretary of State

Entity Name: THE WALTER AND LOUISE SCHMID AND IDA SCHMID THOMAS AND WALTER SCHMID, JR.
FOUNDATION, INC.

Current Principal Place of Business:

7045 NORTH TAMIAMI TRAIL
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

7045 NORTH TAMIAMI TRAIL
SARASOTA, FL 34243

New Mailing Address:

FEI Number: 59-0867199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE., STE. 3000
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THOMAS, IDA S
Address: 7571 15TH ST. EAST
City-St-Zip: SARASOTA, FL 34243

Title: VD () Delete
Name: SCHMID, WALTER JR.
Address: 306 60TH ST. NORTH
City-St-Zip: HOLMES BEACH, FL 34217

Title: TD () Delete
Name: CONOVER, WALTER
Address: 4724 PERIDIA BLVD. EAST
City-St-Zip: BRADENTON, FL 34203

Title: D () Delete
Name: REID, DENNIS REV
Address: 7045 N. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34243

Title: SD (X) Delete
Name: BOGAN, BARBARA
Address: 320 AVACODO - PLANTATION VILLAGE
City-St-Zip: BRADENTON, FL 34207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IDA S. THOMAS

PD

05/24/2004

Electronic Signature of Signing Officer or Director

Date