2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000001588

1. Entity Name
IRMA SCHUSTER FOUNDATION, INC.

Principal Place of Business	Mailing Address
800 S. OSPREY AVENUE SARASOTA, FL 34236	800 S. OSPREY AVENUE SARASOTA, FL 34236

02082006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0805754
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHEA, NORMAN J III
800 S. OSPREY AVENUE
SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE

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 reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHUSTER, WILLIAM A
STREET ADDRESS	3375 SEA VIEW STREET
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	D
NAME	SHEA, NORMAN J III
STREET ADDRESS	800 S. OSPREY AVENUE
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D
NAME	TATMAN, LESLIE
STREET ADDRESS	4000 WAYNESVILLE ROAD
CITY-ST-ZIP	WAYNESVILLE, OH 45068
TITLE	D
NAME	BEATTY, ALEXANDRA G
STREET ADDRESS	5452 BENEVA WOODS CIRCLE
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000433632
02/24/06-80023-022 61.25

DO NOT WRITE IN THIS SPACE

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: _____ 2/9/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #