

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

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # N04000001588

1. Entity Name

IRMA SCHUSTER FOUNDATION, INC.



Principal Place of Business

800 S. OSPREY AVENUE
SARASOTA, FL 34236

Mailing Address

800 S. OSPREY AVENUE
SARASOTA, FL 34236



04252007 No Chg-NP

CR2E037 (4/06)

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

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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**Filing Fee is \$61.25
Due by May 1, 2007**

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

U000000747460
05/17/07-80026-022 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/07