


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000001588 1. Entity Name IRMA SCHUSTER FOUNDATION, INC.	
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Principal Place of Business 800 S. OSPREY AVENUE SARASOTA, FL 34236	Mailing Address 800 S. OSPREY AVENUE SARASOTA, FL 34236
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02162008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 01-0805754	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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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, 2008**

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

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

U00000830893
 02/26/08-80101-016 61.25

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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:  2/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #