


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N47292** (0)

1. Corporation Name

**THE SCHUMANN FOUNDATION, INC.**

Principal Place of Business

Mailing Address

1320 OLDE DOUBLOON DR  
VERO BEACH FL 32963  
US

1801 US HWY 1  
C  
VERO BEACH FL 32963  
US

3. Date Incorporated or Qualified

02/10/1992

4. FEI Number

65-0298172

Filed For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 3003 Cardinal Drive

22 City & State

27 Suite, Apt. #, etc. C

23 Zip

Country

28 City & State

Vero Beach FL

29 Zip

32963

Country

30 USA

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fees Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHUMANN, JOHN J. JR  
1320 OLDE DOUBLOON DR  
VERO BEACH FL 32963

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | DP <input type="checkbox"/> DELETE            | 1.1 TITLE   | DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | SCHUMANN, JOHN J.                             | 1.2 NAME  | Mark K. Schumann  |
| STREET ADDRESS             | 1320 OLDE DOUBLOON DR                         | 1.3 STREET ADDRESS                                    | 1320 Olde Doubloon Drive  |
| CITY-ST-ZIP                | VERO BEACH FL                                 | 1.4 CITY-ST-ZIP                                       | Vero Beach, FL 32963  |
| TITLE                      | DV <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | SCHUMANN, RUTH D.                             | 2.2 NAME  |   |
| STREET ADDRESS             | 1320 OLDE DOUBLOON DR                         | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | VERO BEACH FL                                 | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | DV <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | SCHUMANN, KATHERINE G.                        | 3.2 NAME  |   |
| STREET ADDRESS             | 1320 OLD DOUBLOON DR                          | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | VERO BEACH FL                                 | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | DT <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | OFFUTT, HARRY C.                              | 4.2 NAME  |   |
| STREET ADDRESS             | 3003 CARDINAL DR SUITE C                      | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | VERO BEACH FL                                 | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | DS <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | COOKSEY, BYRON T.                             | 5.2 NAME  |   |
| STREET ADDRESS             | 979 BEACHLAND BLVD                            | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | VERO BEACH FL                                 | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE               | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       |   | 6.2 NAME  |   |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 6.4 CITY-ST-ZIP                                       |   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Handwritten signature*

*Handwritten date and initials*

CR2E037 (10/97)