

DOCUMENT # N47292

1. Entity Name

THE SCHUMANN FOUNDATION, INC.

Principal Place of Business

1320 OLDE DOUBLOON DR  
VERO BEACH FL 32963  
US

Mailing Address

3003 CARDINAL DR #C  
VERO BEACH FL 32963  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0298172

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SCHUMANN, JOHN J.	
STREET ADDRESS	1320 OLDE DOUBLOON DR	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SCHUMANN, MARK K	
STREET ADDRESS	1320 OLDE DOUBLOON DR	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SCHUMANN, KATHERINE G.	
STREET ADDRESS	1320 OLD DOUBLOON DR	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	OFFUTT, HARRY C.	
STREET ADDRESS	3003 CARDINAL DR SUITE C	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	COOKSEY, BYRON T.	
STREET ADDRESS	979 BEACHLAND BLVD	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 #

FILED  
Jan 17, 2001 8:00 am  
Secretary of State

01-17-2001 90078 037 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CP2E037 (10/00)