

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000003486

**FILED  
Mar 29, 2016  
Secretary of State  
CC7261805154**

**Entity Name:** TMB CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

1117 SANDLER RIDGE ROAD  
TALLAHASSEE, FL 32317

**Current Mailing Address:**

1117 SANDLER RIDGE ROAD  
TALLAHASSEE, FL 32317

**FEI Number: 46-5355043**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FARMER, ERRICK DR.  
1117 SANDLER RIDGE ROAD  
TALLAHASSEE, FL 32317 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            EDMONDS, ROY  
Address        1117 SANDLER RIDGE ROAD  
City-State-Zip: TALLAHASSEE FL 32317

Title            VP  
Name            FARMER, ERRICK  
Address        1117 SANDLER RIDGE ROAD  
City-State-Zip: TALLAHASSEE FL 32317

Title            TREASURER  
Name            GRIFFIN, JOE  
Address        1117 SANDLER RIDGE ROAD  
City-State-Zip: TALLAHASSEE FL 32317

Title            SECRETARY  
Name            HARRIS, PHILIP  
Address        1117 SANDLER RIDGE ROAD  
City-State-Zip: TALLAHASSEE FL 32317

Title            DIRECTOR  
Name            MOUNT, ZANNIE  
Address        1117 SANDLER RIDGE ROAD  
City-State-Zip: TALLAHASSEE FL 32317

Title            DIRECTOR  
Name            SMITH, RAY  
Address        1117 SANDLER RIDGE ROAD  
City-State-Zip: TALLAHASSEE FL 32317

Title            DIRECTOR  
Name            WILLIAMS, EDDIE  
Address        1117 SANDLER RIDGE ROAD  
City-State-Zip: TALLAHASSEE FL 32317

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: EDDIE WILLIAMS**

**DIRECTOR**

**03/29/2016**

Electronic Signature of Signing Officer/Director Detail

Date