

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000003486

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 SECRETARY
Name HARRIS, PHILIP
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 VP
Name FARMER, ERRICK
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 TREASURER
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**TREASURER****02/19/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date