

**2020 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	VP
Name	FARMER, ERRICK
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	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****03/12/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date