

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 01, 2004 8:00 am**  
**Secretary of State**

09-01-2004 90004 046 \*\*\*\*61.25

**DOCUMENT # 724029**

1. Entity Name

HINKS & ELAINE SHIMBERG FOUNDATION, INC.



Principal Place of Business

611 WEST BAY STREET  
TAMPA FL 33606  
US

Mailing Address

611 WEST BAY STREET  
TAMPA FL 33606  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (4/04)

4. FEI Number

59-1432870

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

SHIMBERG, MANDELL H  
3435 BAYSHORE BOULEVARD, UNIT 1000  
TAMPA FL 33629

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25**  
**Due By September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME WINEBERG, HARVEY  
STREET ADDRESS 180 N. LASALLE ST. #2200  
CITY-ST-ZIP CHICAGO IL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SHIMBERG, SCOTT  
STREET ADDRESS 1000 S. HARBOUR ISLAND #2409  
CITY-ST-ZIP TAMPA FL

TITLE ☒ Change ☐ Addition  
NAME Scott Shimberg  
STREET ADDRESS 2903 Bayshore Vista Dr.  
CITY-ST-ZIP Tampa FL 33611

TITLE D ☐ Delete  
NAME SHIMBERG, KAREN  
STREET ADDRESS 1002 S. HARBOUR ISLAND BLVD. #1512  
CITY-ST-ZIP TAMPA FL

TITLE ☒ Change ☐ Addition  
NAME Karen Kelly (married name)  
STREET ADDRESS 2909 Bayshore Vista Dr.  
CITY-ST-ZIP Tampa FL 33611

TITLE SD ☐ Delete  
NAME SHIMBERG, ELAINE  
STREET ADDRESS 3435 BAYSHORE BOULEVARD, UNIT #1000  
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PTD ☐ Delete  
NAME SHIMBERG, MANDELL  
STREET ADDRESS 3435 BAYSHORE BOULEVARD, UNIT #1000  
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

8/25/04  
Date

813254-7567  
Daytime Phone #