

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 26, 2007 08:00 AM
Secretary of State

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



03012007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1432870	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINEBERG, HARVEY 180 N. LASALLE ST. #2200 CHICAGO, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIMBERG, SCOTT 2903 BAYSHORE VISTA DR TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, KAREN 2909 BAYSHORE VISTA DR TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHIMBERG, ELAINE 3435 BAYSHORE BOULEVARD, UNIT #1000 TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SHIMBERG, MANDELL 3435 BAYSHORE BOULEVARD, UNIT #1000 TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000680413
04/03/07-00078-005 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Mandell H. Shimberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/07

Date

813/254-7867

Daytime Phone #