


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 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
--	--

DO NOT WRITE IN THIS SPACE



04082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1432870	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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.

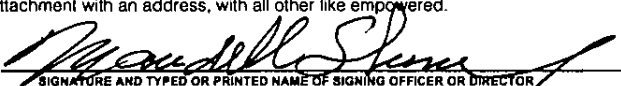
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	

**DO NOT WRITE
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:  **4/23/08** **813/254 7567**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #