2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N04372

Entity Name: JAMES H. AND AMY G. SHIMBERG FOUNDATION, INC.

Current Principal Place of Business:

611 W BAY STREET
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

611 W BAY STREET
TAMPA, FL 33606 US

New Mailing Address:

FEI Number: 58-1581287 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHIMBERG, AMY G
611 W BAY STREET
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	SHIMBERG, AMY G.	
Address:	611 W BAY STREET	
City-St-Zip:	TAMPA, FL 33606	
Title:	D	( ) Delete
Name:	SHIMBERG, JAMES H JR	
Address:	1912 ARDSLEY ST	
City-St-Zip:	TAMPA, FL 33629	
Title:	VD	( ) Delete
Name:	SHIMBERG, ROBERT	
Address:	3214 W. FOUNTAIN BLVD.	
City-St-Zip:	TAMPA, FL 33609	
Title:	STD	( ) Delete
Name:	KNUST, JANET	
Address:	3416 S. VIRGINIA CT.	
City-St-Zip:	TAMPA, FL 33629	
Title:	D	( ) Delete
Name:	SHIMBERG, RICHARD	
Address:	10101 LAKE COVE LN	
City-St-Zip:	TAMPA, FL 33618	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	SHIMBERG, AMY G	
Address:	611 W BAY STREET	
City-St-Zip:	TAMPA, FL 33606	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	( ) Change (X) Addition
Name:	PAIKOFF, NANCY	
Address:	60 STANTON CIRCLE	
City-St-Zip:	OLDSMAR, FL 34677	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: AMY G SHIMBERG PD 04/17/2009

Electronic Signature of Signing Officer or Director — Date