2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N06000008643 03-19-2007 90073 025 ***150.00 ZIMS FOUNDATION, INC. Principal Place of Business Mailing Address 4003000~ 1360 EAST 9TH STREET STE 100 1360 EAST 9TH STREET STE 100 CLEVELAND, OH 44114 CLEVELAND, OH 44114 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc 01082007 CR2E037 (12/06) 4. FEI Number 20 - 5461/83 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent A.G.C. CO. Street Address (P.O. Box Number is Not Acceptable) 200 S ORANGE AVENUE STE 2300 ORLANDO, FL 32801 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. P/D M Addition TITLE ☐ Change TITLE ☐ Delete NAME ryan Zimmerman NAME STREET ADDRESS STREET ADDRESS 1360 East 9th Street ste 100 CITY-ST-ZIP CITY-ST-ZIP Cleveland, OH 44114 Addition Delete TITLE ☐ Change TITLE Keith Zimmerman NAME NAME 3428 Sandpiper Road STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>Virginia Beach, VA 23456</u> ☐ Change Addition TITLE TITI F Delete Cheryl Zimmerman NAME NAME 3428 Sandpiper Road Virginia Beach, VA 23456 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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 trusted 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:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 19, 2007 8:00 am

Davtime Phone #