

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011501

FILED
Jan 27, 2009
Secretary of State

Entity Name: MIMMS EDUCATIONAL FOUNDATION, INC.

Current Principal Place of Business:

1002 S. HARBOUR ISLAND BLVD.
#1608
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

1002 S. HARBOUR ISLAND BLVD.
#1608
TAMPA, FL 33602

New Mailing Address:

FEI Number: 56-2619715

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIMMS, DIANA S M.D.
1002 S. HARBOUR ISLAND BLVD.
#1608
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

MIMMS, DIANA S M.D.
1002 S HARBOUR ISLAND BLVD
#1608
TAMPA, FL 33602 US

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: DIANA S. MIMMS, M.D.

01/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MIMMS, DIANA S M.D.
Address: 1002 S. HARBOUR ISLAND BLVD. #1608
City-St-Zip: TAMPA, FL 33602

Title: S () Delete
Name: WILLIAMS, EVELYN
Address: 11202 N 52ND STREET
City-St-Zip: TAMPA, FL 33612

Title: T () Delete
Name: BAGSBY, DEBBIE
Address: 3603 E. YUKON STREET
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: WILLIAMS, EVELYN
Address: 11202 N 52ND STREET
City-St-Zip: TAMPA, FL 33602

Title: T (X) Change () Addition
Name: BAGSBY, DEBBIE
Address: 3603 E. YUKON STREET
City-St-Zip: TAMPA, FL 33602

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: DIANA S MIMMS,M.D.

PRES

01/27/2009

Electronic Signature of Signing Officer or Director

Date