

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011501

FILED  
Jan 11, 2012  
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:**

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

**Title:** S  
**Name:** WILLIAMS, EVELYN MIMMS  
**Address:** 11202 N 52ND STREET  
**City-St-Zip:** TAMPA, FL 33602

**Title:** T  
**Name:** BAGSBY, DEBBIE  
**Address:** 3603 E. YUKON STREET  
**City-St-Zip:** TAMPA, FL 33602

I hereby 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 all other like empowered.

**SIGNATURE:** DIANA MIMMS,M.D.

P

01/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date