

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000282

FILED
Mar 25, 2011
Secretary of State

Entity Name: SIMPKINS FAMILY CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

400 HIGH POINT DR SUITE 500
COCOA, FL 32926

New Principal Place of Business:

Current Mailing Address:

400 HIGH POINT DR SUITE 500
COCOA, FL 32926

New Mailing Address:

FEI Number: 35-2355880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SIMPKINS, B.W.
400 HIGH POINT DR SUITE 500
COCOA, FL 32926 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: D
Name: SIMPKINS, B.W.
Address: 110 S TWIN LAKES RD
City-St-Zip: COCOA, FL 32926

Title: D
Name: SIMPKINS, LAVONN P
Address: 110 S TWIN LAKES RD
City-St-Zip: COCOA, FL 32926

Title: D
Name: CROUCH, JILL S
Address: 844 RIVERSIDE DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: D
Name: HUNTER, BLAKE
Address: 10 N. SUMMERLIN AVE., APT. #7
City-St-Zip: ORLANDO, FL 32801

Title: D
Name: CROUCH, ADAM
Address: 844 RIVERSIDE DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: D
Name: CROUCH, ALEX
Address: 844 RIVERSIDE DR
City-St-Zip: ORMOND BEACH, FL 32176

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: B. W. SIMPKINS

D

03/25/2011

Electronic Signature of Signing Officer or Director

Date