2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# N98000001936

Entity Name: ZIMMERMAN FAMILY FOUNDATION, INC.

Current Principal Place of Business:

6871 BELFORT OAKS PLACE
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

P O BOX 551260
JACKSONVILLE, FL 32255

New Mailing Address:

FEI Number: 59-3503647 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHNEIDER, MICHAEL N
5150 BELFORT RD
BLDG 100
JACKSONVILLE, FL 32256 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: ZIMMERMAN, SEEMAN
Address: 2553 PINERIDGE ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPD ( ) Delete
Name: ZIMMERMAN, CHARLES
Address: 1560 LANCASTER TERRACE #1201
City-St-Zip: JACKSONVILLE, FL 32204

Title: VPD ( ) Delete
Name: ZIMMERMAN, MORRIE
Address: 1305 RIVER OAKS ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPD ( ) Delete
Name: ZIMMERMAN, ELYNE
Address: 1560 LANCASTER TERRACE #1201
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: SEEMAN ZIMMERMAN PD 04/25/2006

Electronic Signature of Signing Officer or Director — Date