2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# N99000004881

Entity Name: THE MABEL AND ELLSWORTH SIMMONS CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

6718 SIMMONS LOOP
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

6718 SIMMONS LOOP
RIVERVIEW, FL 33569

New Mailing Address:

FEI Number: 59-3594418 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMMONS, SANDRA
6718 SIMMONS LOOP
RIVERVIEW, FL 33569 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:	SIMMONS, SANDRA	
Address:	6718 SIMMONS LOOP	
City-St-Zip:	RIVERVIEW, FL 33569	
Title:	TD	( ) Delete
Name:	CAPPELLO, ANDREW	
Address:	100 N. TAMPA STREET, SUITE 3000	
City-St-Zip:	TAMPA, FL 33602	
Title:	D	( ) Delete
Name:	SIMMONS, GEORGE E	
Address:	6718 SIMMONS LOOP	
City-St-Zip:	RIVERVIEW, FL 33569	
Title:	SD	( ) Delete
Name:	JIMINEZ, JAMES	
Address:	1302 W. SLIGH AVENUE, SUITE B	
City-St-Zip:	TAMPA, FL 33604	
Title:	D	( ) Delete
Name:	JEAN, SIMMONS	
Address:	1743 TAPPAHANNOCK TRAIL	
City-St-Zip:	MARIETTA, GA 30062	

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:	
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 Section 119.07(3)(i), 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: SANDRA SIMMONS PD 04/18/2005

Electronic Signature of Signing Officer or Director — Date