

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 AM
Secretary of State

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

Principal Place of Business
**6718 SIMMONS LOOP
RIVERVIEW, FL 33569**

Mailing Address
**6718 SIMMONS LOOP
RIVERVIEW, FL 33569**



03092007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3594418	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SIMMONS, SANDRA
6718 SIMMONS LOOP
RIVERVIEW, FL 33569**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMMONS, SANDRA 6718 SIMMONS LOOP RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAPPELLO, ANDREW 100 N. TAMPA STREET, SUITE 3000 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, GEORGE E 6718 SIMMONS LOOP RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JIMINEZ, JAMES 1302 W. SLIGH AVENUE, SUITE B TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEAN, SIMMONS 1743 TAPPAHANNOCK TRAIL MARIETTA, GA 30062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000664001
03/22/07-80027-014 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sandra Simmons **SANDRA SIMMONS, PRES.**

3/9/07

813-677-5667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #