

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90068 035 \*\*\*\*61.25

**DOCUMENT # N99000004881**

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**

**50001090**



2. Principal Place of Business - No P.O. Box #  
**6727 Simmons Loop**

3. Mailing Address  
**6727 Simmons Loop**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03212008 Chg-NP CR2E037 (12/06)

City & State  
**Riverview, FL**

City & State  
**Riverview, FL**

4. FEI Number  
**59-3594418**

Applied For  
Not Applicable

Zip  
**33578**

Country

Zip  
**33578**

Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SIMMONS, SANDRA  
6718 SIMMONS LOOP  
RIVERVIEW, FL 33569**  
**6727 SIMMONS Loop  
Riverview, FL 33578**

Name

Street Address (P.O. Box Number is Not Acceptable)

**6727 Simmons Loop**

City

**FL**

Zip Code  
**33578**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **PD** ☐ Delete  
NAME **SIMMONS, SANDRA**  
STREET ADDRESS **6718 SIMMONS LOOP**  
CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE ☒ Change ☐ Addition  
NAME **6727 Simmons Loop**  
STREET ADDRESS **Riverview, FL 33578**  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **CAPPELLO, ANDREW**  
STREET ADDRESS **100 N. TAMPA STREET, SUITE 3000**  
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **SIMMONS, GEORGE E**  
STREET ADDRESS **6718 SIMMONS LOOP**  
CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE ☒ Change ☐ Addition  
NAME **6727 Simmons Loop**  
STREET ADDRESS **Riverview, FL 33578**  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **JIMINEZ, JAMES**  
STREET ADDRESS **1302 W. SLIGH AVENUE, SUITE B**  
CITY-ST-ZIP **TAMPA, FL 33604**

TITLE ☒ Change ☐ Addition  
NAME **Jimenez, James**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **JEAN, SIMMONS**  
STREET ADDRESS **1743 TAPPAHANNOCK TRAIL**  
CITY-ST-ZIP **MARIETTA, GA 30062**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**

**3-21-08**

**813-677-5667**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #