2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# N99000004881

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

Current Principal Place of Business:

6727 SIMMONS LOOP
RIVERVIEW, FL 33578

New Principal Place of Business:

Current Mailing Address:

6727 SIMMONS LOOP
RIVERVIEW, FL 33578

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
6727 SIMMONS LOOP
RIVERVIEW, FL 33578 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: 6727 SIMMONS LOOP
City-St-Zip: RIVERVIEW, FL 33578

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: 6727 SIMMONS LOOP
City-St-Zip: RIVERVIEW, FL 33578

Title: SD ( ) Delete
Name: JIMENEZ, 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 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: SANDRA SIMMONS PD 02/05/2009

Electronic Signature of Signing Officer or Director — Date