

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000003172

Entity Name: N.M.B. ORGANIZATION, INC.

Current Principal Place of Business:

901 NW 8TH AVENUE,
SUITE A2
GAINESVILLE, FL 32601

Current Mailing Address:

POST OFFICE BOX 358774
GAINESVILLE, FL 32635 US

FEI Number: 27-2801570

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIMMONS, MARIE A
901 NORTHWEST 8TH AVE
A2
GAINESVILLE, FL 32601 US

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: MARIE A. SIMMONS

02/14/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name SIMMONS, TANDRA L
Address 1648 NE 47TH PLACE
City-State-Zip: GAINESVILLE FL 32609

Title V
Name SIMMONS, MARIE A
Address 25010 NORTH COUNTY RD 1491
City-State-Zip: ALACHUA FL 32615

Title T
Name SARAH, GRAHAM
Address 5720 SOUTHEAST 156TH TERRACE
City-State-Zip: HAWTHORNE FL 32640

Title SECRETARY
Name HARRIS, MARCELOUS
Address 901 NW 8TH AVE SUITE A2
City-State-Zip: GAINESVILLE FL 32609

Title DIRECTOR OF EDUCATION
Name LEE, LUTHER
Address POST OFFICE BOX 358774
City-State-Zip: GAINESVILLE FL 32635

Title DIRECTOR
Name CARTER, GILFORD
Address POST OFFICE BOX 358774
City-State-Zip: GAINESVILLE FL 32635

Title ASST. EXECUTIVE DIRECTOR
Name MAY, LENAMARIE
Address 7251 NW 40TH STREET
City-State-Zip: CHIEFLAND FL 32626

I hereby 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 all other like empowered.

SIGNATURE: TANDRA SIMMONS

CEO

02/14/2024

Electronic Signature of Signing Officer/Director Detail

Date