

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000003172

**FILED**  
**Jan 24, 2016**  
**Secretary of State**  
**CC8749062802**

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

**Current Principal Place of Business:**

1731 NW 6TH ST., STE. B-1  
GAINESVILLE, FL 32609

**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:**

SHEPPARD, BEATRICE  
1731 NW 6TH STREET  
SUITE B-1  
GAINESVILLE, FL 32609 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name SIMMONS, TANDRA L  
Address 1710 NW 7TH STREET UNIT 401  
City-State-Zip: GAINESVILLE FL 32609

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

Title SD  
Name WILLIAMS, SABRINA  
Address 1731 NW 6TH STREET  
City-State-Zip: GAINESVILLE FL 32609

Title TD  
Name SHEPPARD, BEATRICE  
Address 7418 SOUTHEAST 226 WAY  
City-State-Zip: HAWTHORNE FL 32640

Title ASST. VICE PRESIDENT  
Name BROOKS, SHANTELL D  
Address 2701 NW 23RD BLVD. #131  
City-State-Zip: GAINESVILLE FL 32605

*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

**PRESIDENT**

**01/24/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date