

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:**

SHEPPARD, BEATRICE  
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:**

\_\_\_\_\_  
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 S  
Name CLARKE, NICOLE  
Address 2601 NW 23RD BLVD #216  
City-State-Zip: GAINESVILLE FL 32609

*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**

**12/20/2018**

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

\_\_\_\_\_  
Date