

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000024630

Entity Name: TIM MATHER, INC.

FILED  
Apr 04, 2009  
Secretary of State

**Current Principal Place of Business:**

1925 NW 15 ST  
POMPANO BCH, FL 33069 US

**New Principal Place of Business:**

**Current Mailing Address:**

6510 NW 95 LANE  
PARKLAND, FL 33076

**New Mailing Address:**

FEI Number: 65-0388140      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MATHER, TIMOTHY B  
6510 NW 95 LANE  
PARKLAND, FL 33076 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: MATHER, TIMOTHY B  
Address: 6510 NW 95 LANE  
City-St-Zip: PARKLAND, FL 330762313 US

Title: VDT ( ) Delete  
Name: MATHER, SANDRA A  
Address: 6510 NW 95 LANE  
City-St-Zip: PARKLAND, FL 330762313 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA A MATHER

VP

04/04/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date