**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 09, 2015**
**Secretary of State**
**CC5191000207**

DOCUMENT# N07000004746

**Entity Name:** TIMBER CREEK HIGH SCHOOL FOUNDATION INC.

**Current Principal Place of Business:**

1001 AVALON PARK BLVD
ORLANDO, FL 32828

**Current Mailing Address:**

1001 AVALON PARK BLVD
ORLANDO, FL 32828

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired:** No

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

GARVEY, DARRELL D
1001 NORTH LAKE DESTINY ROAD
SUITE 250
MAITLAND, FL 32751 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 | PRESIDENT, DIRECTOR |
| Name | MORRISON, ALAN |
| Address | 14321 WATERFORD CHASE PARKWAY |
| City-State-Zip: | ORLANDO FL 32828 |

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|---|---|
| Title | DIRECTOR |
| Name | LONGINO, SARAH |
| Address | 3403 CARRAIGE LAKE DRIVE |
| City-State-Zip: | ORLANDO FL 32828 |

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|---|---|
| Title | DIRECTOR |
| Name | EWALD, ROBERT H JR. |
| Address | 502 HALLOWELL CIR |
| City-State-Zip: | ORLANDO FL 32828 |

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|---|---|
| Title | DIRECTOR |
| Name | DELAUTER, MARY B |
| Address | 13545 FORDWELL DR |
| City-State-Zip: | ORLANDO FL 32828 |

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|---|---|
| Title | SECRETARY, DIRECTOR |
| Name | WARD, KATHLEEN |
| Address | 13975 MAGNOLIA GLEN CIRCLE |
| City-State-Zip: | ORLANDO FL 32828 |

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|---|---|
| Title | DIRECTOR |
| Name | WARD, EDWARD |
| Address | 13975 MAGNOLIA GLEN CIRCLE |
| City-State-Zip: | ORLANDO FL 32828 |

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|---|---|
| Title | DIRECTOR |
| Name | GEORG, MONIKA |
| Address | 14842 HAWKSMOOR RUN CIR |
| City-State-Zip: | ORLANDO FL 32828 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | GARVEY, DARRELL D SR. |
| Address | 2519 SEABRANCH STREET |
| City-State-Zip: | ORLANDO FL 32828 |

**Continues on page 2**

*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: DARRELL GARVEY DIRECTOR 03/09/2015

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | TREASURER |
| Name | EWALD, TADD |
| Address | 502 HALLOWELL CIR |
| City-State-Zip: | ORLANDO FL 32828 |