2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 8:00 am
Secretary of State
03-13-2008 90027 037 ***150.00

DOCUMENT # K91201

1. Entity Name
TIMOTHY'S, INC.

Principal Place of Business	Mailing Address
236 PARK AVE NORTH WINTER PARK FL 32789 US	236 PARK AVE NORTH WINTER PARK FL 32789 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2952809 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LUCE, W. ALAN ~~1416 LAKE SHORE DR.~~ ~~7 South Point Drive~~ ~~ORLANDO FL 32803~~ ~~Asheville, NC 28804~~ 236 PARK AVE NORTH WINTER PARK, FL 32789	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when filing) DATE

FILE NOW!!! - FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	ST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LUCE, W. ALAN	NAME	
STREET ADDRESS	~~1416 LAKE SHORE DR.~~ ~~7 South Point Drive~~	STREET ADDRESS	236 PARK AVE. NORTH
CITY-ST-ZIP	~~ORLANDO FL 32803~~ ~~Asheville, NC 28804~~	CITY-ST-ZIP	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LUCE, CAROLYN R.	NAME	WINTER PARK, FL 32789
STREET ADDRESS	~~1416 LAKE SHORE DR.~~ ~~7 South Point Drive~~	STREET ADDRESS	
CITY-ST-ZIP	~~ORLANDO FL 32803~~ ~~Asheville, NC 28804~~	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carolyn R. Luce 2/11/08 407 629 0707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #