

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K91201

Entity Name: TIMOTHY'S, INC.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

236 PARK AVE NORTH
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

236 PARK AVE NORTH
WINTER PARK, FL 32789 US

New Mailing Address:

FEI Number: 59-2952809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUCE, ALAN W
236 PARK AVE. NORTH
WINTER PARK, FL 32789 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: ST () Delete
Name: LUCE, ALAN W
Address: 236 PARK AVE. NORTH
City-St-Zip: WINTER PARK, FL 32789

Title: P () Delete
Name: LUCE, CAROLYN R.
Address: 1416 LAKE SHORE DR.
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: LUCE, ALAN W
Address: 236 PARK AVE. NORTH
City-St-Zip: WINTER PARK, FL 32789 US

Title: P (X) Change () Addition
Name: LUCE, CAROLYN R.
Address: 7 SOUTH POINT DR.
City-St-Zip: ASHEVILLE, NC 28804 US

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: CAROLYN R. LUCE

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date