

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90051 033 ****61.25

DOCUMENT # N18125

1. Entity Name
TIME SIFTERS, INC.



Principal Place of Business
**C/O MARION ALMY
2100 MCCLELLAN PARKWAY
SARASOTA, FL 34239**

Mailing Address
**P O BOX 25883
SARASOTA, FL 34277**

40011742



2. Principal Place of Business - No P.O. Box #

c/o Jack Brown

3. Mailing Address

PO Box 5283

Suite, Apt. #, etc.

4734 Country Manor Dr.

Suite, Apt. #, etc.

01232008 Chg-NP CR2E037 (12/06)

City & State

Sarasota FL

City & State

Sarasota FL

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

Zip

34233

Country

US

Zip

34277-5283

Country

US

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

6. Name and Address of Current Registered Agent

**MARABLE, STANLEY E., ESQUIRE
1800 2ND STREET, #715
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name **Jack W. Brown**

Street Address (P.O. Box Number is Not Acceptable)

4734 Country Manor Dr.

City

Sarasota

FL

Zip Code

34233

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

Jack W. Brown, Treasurer

Signature, typed or printed name of registered agent and title if applicable.

Jack W Brown

(NOTE: Registered Agent signature required when reinstating)

1-23-07

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to.
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **KORP, WILLIAM**
STREET ADDRESS **156 EMERSON DR**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **V** ☒ Delete
NAME **FUTOR, CORNELIA**
STREET ADDRESS **3814 WILSHIRE CIRCLE W**
CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE **TD** ☐ Delete
NAME **BROWN, JACK**
STREET ADDRESS **4734 COUNTRY MANOR DR**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition
NAME **Suekis, Sherry**
STREET ADDRESS **406 Woodland Dr.**
CITY-ST-ZIP **Sarasota, FL 34234**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jack W Brown, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-07

941-917-4919