FILE NOW: FILING FEE IS $61.25

FILED
Feb 03, 1999 8:00am
Secretary of State

02-03-1999 90033 003 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N51168

1. Corporation Name
TIMBERLY TRUST, INC.

Principal Place of Business	Mailing Address
1820 W. BRANDON BLVD. BRANDON FL	P.O. BOX 2085 TAMPA FL 33601-2085 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/06/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3174543 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MOSELEY, JULIA W.
1820 W BRANDON BLVD
BRANDON FL 33511-4812

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SV	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MOSELEY, JULIA W.		1.2 NAME	
STREET ADDRESS	1820 W. BRANDON BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33571-4812		1.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SINGLETON, MARK		2.2 NAME	
STREET ADDRESS	2680 WINTHROPE WAY		2.3 STREET ADDRESS	
CITY-ST-ZIP	LAWRENCEVILLE GA		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CRISLIP, BETTY P.		3.2 NAME	
STREET ADDRESS	4405 W. PLATT ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609-2610		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SHERMAN, MARTHA		4.2 NAME	
STREET ADDRESS	2201 DEKLE AV		4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	PIERCE, RICHARD H PHD		5.2 NAME	
STREET ADDRESS	MOTE LAB, 1600 THOMPSON PARKWAY		5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: [illegible] SIGNATURE REQUIRED Treasurer 1-13-99 813/286-3074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)