2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # N51168

1. Entity 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

02102004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3174543
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	SV
NAME	MOSELEY, JULIA W.
STREET ADDRESS	1820 W. BRANDON BLVD.
CITY-ST-ZIP	BRANDON, FL 335714812
TITLE	P
NAME	SINGLETON, MARK
STREET ADDRESS	2680 WINTHROPE WAY
CITY-ST-ZIP	LAWRENCEVILLE, GA
TITLE	T
NAME	CRISLIP, BETTY P.
STREET ADDRESS	4405 W. PLATT ST.
CITY-ST-ZIP	TAMPA, FL 336092610
TITLE	D
NAME	SHERMAN, MARTHA
STREET ADDRESS	2201 DEKLE AV
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	D
NAME	PIERCE, RICHARD H PHD
STREET ADDRESS	MOTE LAB, 1600 THOMPSON PARKWAY
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000051264
02/16/04-80045-002 61.25

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12. 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 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: Betty P. Crislip, Treasurer 2-10-2004 813-286-3074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #