2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 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

04152005 No Chg-NP CR2E037 (10/03)

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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 Julia W. Moseley
Signature, typed or printed name of registered agent, and title if applicable (Florida registered agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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	Julia W. Moseley
CITY ST ZIP	

U00000336114
04/27/05-80114-006 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #