

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90069 012 \*\*\*\*61.25

**DOCUMENT # N51168**

1. Entity Name  
**TIMBERLY TRUST, INC.**



Principal Place of Business  
**1820 W. BRANDON BLVD.  
BRANDON, FL**

Mailing Address  
**P.O. BOX 2085  
TAMPA, FL 33601-2085 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number

**59-3174543**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SV ☐ Delete  
NAME MOSELEY, JULIA W.  
STREET ADDRESS 1820 W. BRANDON BLVD.  
CITY-ST-ZIP BRANDON, FL 335714812

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

TITLE P ☐ Delete  
NAME SINGLETON, MARK  
STREET ADDRESS 2680 WINTHROPE WAY  
CITY-ST-ZIP LAWRENCEVILLE, GA

TITLE ☒ Change ☐ Addition  
NAME 1412 Oakbrook Dr., Suite 105  
STREET ADDRESS Norcross GA 30093  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME CRISLIP, BETTY P.  
STREET ADDRESS 4405 W. PLATT ST.  
CITY-ST-ZIP TAMPA, FL 336092610

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

TITLE D ☐ Delete  
NAME SHERMAN, MARTHA  
STREET ADDRESS 2201 DEKLE AV  
CITY-ST-ZIP TAMPA, FL 33606

TITLE ☒ Change ☐ Addition  
NAME 407 Island Rd.  
STREET ADDRESS Tampa, FL 33617  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME PIERCE, RICHARD H PHD  
STREET ADDRESS MOTE LAB, 1600 THOMPSON PARKWAY  
CITY-ST-ZIP SARASOTA, FL 34236

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

TITLE ☐ Delete  
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:**

*Julia W. Moseley*

Julia W Moseley

4/11/06

813-689-5596

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #