


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 08:00 AM
Secretary of State

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	



01062007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3174543	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV MOSELEY, JULIA W. 1820 W. BRANDON BLVD. BRANDON, FL 335714812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SINGLETON, MARK 1412 OAKBROOK DR STE 105 NORCROSS, GA 30093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRISLIP, BETTY P. 4405 W. PLATT ST. TAMPA, FL 336092610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERMAN, MARTHA 407 ISLAND RD TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERCE, RICHARD H PHD MOTE LAB, 1600 THOMPSON PARKWAY SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000636349
02/26/07-80013-009 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/07

Date

1-813-5596

Daytime Phone