

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90027 043 \*\*\*\*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

40028034



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02112008 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

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, 2008**

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

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

TITLE P ☐ Delete  
NAME SINGLETON, MARK  
STREET ADDRESS 1412 OAKBROOK DR STE 105  
CITY-ST-ZIP NORCROSS, GA 30093

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

TITLE D ☐ Delete  
NAME SHERMAN, MARTHA  
STREET ADDRESS 407 ISLAND RD  
CITY-ST-ZIP TAMPA, FL 33617

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3507 ROLLINS POND WAY  
CITY-ST-ZIP SARASOTA FL 34240

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, J.P., Sec.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-08

Date

813-689-5596

Daytime Phone #