2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51168

Jan 29, 2009
Secretary of State

Entity Name: TIMBERLY TRUST, INC.

Current Principal Place of Business: New Principal Place of Business:

1820 W. BRANDON BLVD. 1820 W. BRANDON BLVD. BRANDON, FL 33511

Current Mailing Address: New Mailing Address:

P.O. BOX 2085 TAMPA, FL 336012085 US

FEI Number: 59-3174543 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOSELEY, JULIA W. 1820 W BRANDON BLVD BRANDON, FL 335114812 US

OFFICERS AND DIRECTORS:

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Electronic Signature of Registered Age

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FILED

Title: SV () Delete Title: () Change () Addition

Name: MOSELEY, JULIA W.,
Address: 1820 W. BRANDON BLVD. Name:
Address:

Address: 1820 W. BRANDON BLVD. Address:
City-St-Zip: BRANDON, FL 335714812 City-St-Zip:

Title: P () Delete Title: () Change () Addition

 Name:
 SINGLETON, MARK,
 Name:

 Address:
 1412 OAKBROOK DR STE 105
 Address:

 City-St-Zip:
 NORCROSS, GA 30093
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 CRISLIP, BETTY P.,
 Name:

 Address:
 4405 W. PLATT ST.
 Address:

 City-St-Zip:
 TAMPA, FL 336092610
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 SHERMAN, MARTHA
 Name:

 Address:
 407 ISLAND RD
 Address:

 City-St-Zip:
 TAMPA, FL 33617
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 PIERCE, RICHARD H PHD
 Name:

 Address:
 MOTE LAB, 1600 THOMPSON PARKWAY
 Address:

 City-St-Zip:
 SARASOTA, FL 34236
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH B. HERMAN MS 01/29/2009