FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1997



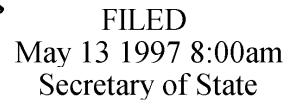
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N94000002444 (7) DOCUMENT # 1. Corporation Name

TIMMINS FOUNDATION INC.





Principal Place of Business Mailing Address							 	.	
8122 GLADES RD 8122 GLADES RD BOCA RATON FL 33434 BOCA RATON FL 33434-4004									
						3. Date Incorporated or Qualified 05/12/1994	3a. Da	te of Last R 08/12/19	eport 96
· · ·	Place of Business	2a. Maiting A	Mailing Address			4. FEI Number Applied For			
21	4	26				65-0496252	·	No	ot Applicable
Suite, Apt.		Suite, Ap				5. Certificate of Status Desired S8.75 Additional Fee Required			
City & Stal	te	City & St	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip		Countr	у	8. This corporation has liability for	intangible		
24	25 29 30			ю	Florida Statutes 🔲 Yes 🜠 No				
	9. Name and Address o	f Current Registered Age	nt			10. Name and Address of New Re	gistered A	igent	
				81	Name				
MOYNIHAN, WILLIAM					Street Add	ress (P.O. Box Number is Not Acceptable)			
8122 GLADES RD									
BOCA R	ATON FL 33434			83	1				
				84	City		FL	85 Zip (Code
11. Pursuant	to the provisions of Sections	617 0502 and 617 1508 F	lorida Statutes	the abou	e-named corr	poration submits this statement for the	<u> </u>	abanaina it	a topintored
office or i agent. I a	registered agent, or both, in t am familiar with, and accept t	the State of Florida. Such on the obligations of, Section (hange was au 617.0503, Flori	thorized b	y the corporal	poration submits this statement for the polion's board of directors, I hereby accept	of the appo	onanging it ointment as	registered
SIGNATURE	+								
Signature: typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required 12. OFFICERS AND DIRECTORS 13.							DATE	DIDECTOR	
TITLE	D		DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	····		***************************************
NAME	TIMMINS, MARGARET	L	J DELETE	1.2 NAME			Į.	L Change	Addition
STREET ADDRESS	8177 GLADES RD				T ADDRESS				•
CITY-ST-ZIP	BOCA RATON FL				1				
TITLE	D		DELETE	1.4 CITY- 2.1 TITLE	51-ZIF		- :	Change	Addition
NAME	TIMMINS, JOHN J.		_	22 NAME					radition
STREET ADDRESS	8122 GLADES RD				T ADDRESS	·			İ
CITY-ST-ZIP	BOCA RATON FL	•		2.4 City					
TITLE	DT		DELETE	3.1 TITLE	<u> </u>			Change	Addition
NAME	TIMMINS, JANE M.			3.2 NAME			•		
STREET ADORESS	8122 GLADES RD			3.3 STREE	T ADDRESS				
CITY-ST-2IP	BOCA RATON FL			3.4. CITY -	ST-ZIP				
TITLE			DELETE	4.1 TITLE				Change	Addition
NAME				4. 2 NAME		•			
STREET ADDRESS				4.3 STREE	T ADDRESS			:	į
CITY - ST - ZIP				4.4 CITY-1	ST-ZIP				
TITLE			DELETE	5.1 TITLE			•	Change	Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREE	T ADDRESS		•		
CITY-ST-ZIP			····	5.4 CITY-	ST-ZIP	t .			
TITLE			DELETE	6.1 TITLE				Change	Addition
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET	ADDRESS		** .		
CITY - ST - ZIP				6.4 CITY-	ST-ZIP				

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

4-30-97