

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2005 8:00 am**  
**Secretary of State**

02-15-2005 90026 017 \*\*\*\*61.25

**DOCUMENT # N96000004235**

1. Entity Name

CHARITY FUND OF TIMBER PINES, INC.



Principal Place of Business

6872 TIMBER PINES BLVD.  
SPRING HILL FL

Mailing Address

6872 TIMBER PINES BLVD.  
SPRING HILL FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

34606

HERNANDO

6. Name and Address of Current Registered Agent

TEW, ZINOBER, BARNES, ZIMMET & UNICE  
2655 MCCORMICK DRIVE  
CLEARWATER FL 34619

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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 NAME	VD BARSKY, BARBARA	<input type="checkbox"/> Delete
STREET ADDRESS	7367 ROSEMONT LN	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE NAME	PD BARSKY, BARBARA	<input type="checkbox"/> Delete
STREET ADDRESS	7367 ROSEMONT LN	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE NAME	TD JACKSON, JOAN	<input type="checkbox"/> Delete
STREET ADDRESS	7408 SOUTHAMPTON RD	
CITY-ST-ZIP	SPRINGHILL FL	
TITLE NAME	S CARTER, DOROTHY	<input type="checkbox"/> Delete
STREET ADDRESS	3216 APPLE BLOSSOM TRAIL	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 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:

JOAN C. JACKSON (JOAN C. JACKSON)

Date

Daytime Phone #

2/7/05

352-666  
4394

20010934



1st MOORE CR2E037 (10/04)