


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90234 016 ****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 34606		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3400941	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY ST ZIP	VD BARSKY, BARBARA 7367 ROSEMONT LN SPRING HILL FL 34606		TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Delete Co-President Jackson, Joan 7408 Southhampton Road Spring Hill, FL 34606	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD BARSKY, BARBARA 7367 ROSEMONT LN SPRING HILL FL 34606		TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Delete Co-President Biancalana, Shirley 2305 Whisper Walk Drive Spring Hill, FL 34606	
TITLE NAME STREET ADDRESS CITY ST ZIP	TD JACKSON, JOAN 7408 SOUTHAMPTON RD SPRINGHILL FL		TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Delete Treasurer Ruscmeayer, Harriet 8309 Sugarbush Drive Spring Hill, FL 34606	
TITLE NAME STREET ADDRESS CITY ST ZIP	S CARTER, DOROTHY 3216 APPLE BLOSSOM TRAIL SPRING HILL FL 34606		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Harriet Ruscmeayer</i>			HARRIET RUSCHMEYER		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>4/6/07</i> (352) 683-6642		