# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 03, 2009**
**Secretary of State**

DOCUMENT# N96000004235

**Entity Name:** CHARITY FUND OF TIMBER PINES, INC.

**Current Principal Place of Business:**

6872 TIMBER PINES BLVD.
SPRING HILL, FL

**New Principal Place of Business:**

6872 TIMBER PINES BLVD.
SPRING HILL, FL 34606

**Current Mailing Address:**

6872 TIMBER PINES BLVD.
SPRING HILL, FL 34606

**New Mailing Address:**

**FEI Number: 59-3400941** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: JACKSON, JOAN
Address: 7408 SOUTHAMPTON ROAD
City-St-Zip: SPRING HILL, FL 34606

Title: P ( ) Delete
Name: BIANCALANA, SHIRLEY
Address: 2305 WHISPER WALK DRIVE
City-St-Zip: SPRING HILL, FL 34606

Title: T ( ) Delete
Name: RUSCHMEYER, HARRIET
Address: 8309 SUGERBUSH DRIVE
City-St-Zip: SPRING HILL, FL 34606

Title: S ( ) Delete
Name: CARTER, DOROTHY
Address: 3216 APPLE BLOSSOM TRAIL
City-St-Zip: SPRING HILL, FL 34606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: HARRIET RUSCHMEYER T 02/03/2009

Electronic Signature of Signing Officer or Director — Date