

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004235

FILED  
Jan 08, 2012  
Secretary of State

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

**Current Principal Place of Business:**

6872 TIMBER PINES BLVD.  
SPRING HILL, FL 34606

**New Principal Place of Business:**

**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: PRES  
Name: MURPHY, KATHERINE  
Address: 6425 PINE MEADOWS DRIVE  
City-St-Zip: SPRING HILL, FL 34606

Title: VICE  
Name: HOOD, JANE  
Address: 6165 SHINNECOCK COURT  
City-St-Zip: SPRING HILL, FL 34606

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

Title: S  
Name: BORDEN, PAULA  
Address: 8045 GREEN PINES TERRACE  
City-St-Zip: SPRING HILL, FL 34606

I hereby 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 all other like empowered.

SIGNATURE: HARRIET RUSCHMEYER

TREA

01/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date