

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

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000000514

1. Entity Name

TIMOTEO FAMILY FOUNDATION, INC.



Principal Place of Business

Mailing Address

6109 FOUNTAIN PALM DRIVE
JUPITER FL 33458

6109 FOUNTAIN PALM DRIVE
JUPITER FL 33458

2. Principal Place of Business

3. Mailing Address

Suite Apt. #, etc

Suite Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

65-0889581

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TIMOTEO, REGINALD L
6109 FOUNTAIN PALM DRIVE
JUPITER FL 33458

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

(Print, type, or printed name of registered agent and title if applicable)

(NOTE: Registered Agent's signature required when reappointing)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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<p><input type="checkbox"/> Delete</p> <p>TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME: TIMOTEO, REGINALD L</p> <p>STREET ADDRESS: 6109 FOUNTAIN PALM DRIVE</p> <p>CITY-STATE-ZIP: JUPITER FL 33458</p>	<p>000000199999</p> <p>01/28/05-80009-006 61.25</p>
<p><input type="checkbox"/> Delete</p> <p>TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME: TIMOTEO, MITCHELL</p> <p>STREET ADDRESS: 6109 FOUNTAIN PALM DRIVE</p> <p>CITY-STATE-ZIP: JUPITER FL 33458</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p><input type="checkbox"/> Delete</p> <p>TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME: SAMUELS, JIM</p> <p>STREET ADDRESS: 6109 FOUNTAIN PALM DRIVE</p> <p>CITY-STATE-ZIP: JUPITER FL 33458</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p><input type="checkbox"/> Delete</p> <p>TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME: TIMOTEO, JANET B</p> <p>STREET ADDRESS: 6109 FOUNTAIN PALM DRIVE</p> <p>CITY-STATE-ZIP: JUPITER FL 33458</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05

(561) 244-9016