

ANNUAL REPORT (AR)

DOCUMENT # N99000000514

1. Entity Name

TIMOTEO FAMILY FOUNDATION, INC.



FILED
Jan 22, 2007 08:00 AM
Secretary of State



Principal Place of Business

6109 FOUNTAIN PALM DRIVE
JUPITER FL 33458

Mailing Address

6109 FOUNTAIN PALM DRIVE
JUPITER FL 33458

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0889581

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

TIMOTEO, REGINALD L
6109 FOUNTAIN PALM DRIVE
JUPITER FL 33458

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]
(NOTE: Registered Agent signature required when transferring)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	D	<input type="checkbox"/> Delete
NAME	TIMOTEO, REGINALD L	
STREET ADDRESS	6109 FOUNTAIN PALM DRIVE	
CITY-STATE-ZIP	JUPITER FL 33458	
TITLE	D	<input type="checkbox"/> Delete
NAME	TIMOTEO, MITCHELL	
STREET ADDRESS	6109 FOUNTAIN PALM DRIVE	
CITY-STATE-ZIP	JUPITER FL 33458	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAMUELS, JIM	
STREET ADDRESS	6109 FOUNTAIN PALM DRIVE	
CITY-STATE-ZIP	JUPITER FL 33458	
TITLE	D	<input type="checkbox"/> Delete
NAME	TIMOTEO, JANET B	
STREET ADDRESS	6109 FOUNTAIN PALM DRIVE	
CITY-STATE-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: *Janet B. Timoteo* Janet B. Timoteo - Director 1/19/07 (561) 944-9016