2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000514

Entity Name: TIMOTEO FAMILY FOUNDATION, INC.

FILED Jan 11, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6109 FOUNTAIN PALM DRIVE 7223 MYSTIC WAY

JUPITER, FL 33458 PORT SAINT LUCIE, FL 34986

Current Mailing Address: New Mailing Address:

6109 FOUNTAIN PALM DRIVE 7223 MYSTIC WAY

JUPITER, FL 33458 PORT SAINT LUCIE, FL 34986

FEI Number: 65-0889581 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

TIMOTEO, REGINALD L TIMOTEO, REGINALD L 6109 FOUNTAIN PALM DRIVE 7223 MYSTIC WAY

JUPITER, FL 33458 US PORT SAINT LUCIE, FL 34986 US

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: 01/11/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: D () Delete Title: D (X) Change () Addition

Name: TIMOTEO, REGINALD L Name: TIMOTEO, REGINALD L Address: 6109 FOUNTAIN PALM DRIVE Address: 7223 MYSTIC WAY

City-St-Zip: JUPITER, FL 33458 City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D () Delete Title: D (X) Change () Addition

 Name:
 TIMOTEO, MITCHELL

 Address:
 6109 FOUNTAIN PALM DRIVE

 Address:
 Address:

 7223 MYSTIC WAY

City-St-Zip: JUPITER, FL 33458 City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D () Delete Title: D (X) Change () Addition Name: SAMUELS, JIM Name: SAMUELS, JIM

Address: 6109 FOUNTAIN PALM DRIVE Address: 7223 MYSTIC WAY

City-St-Zip: JUPITER, FL 33458 City-St-Zip: PORT SAINT LUCIE, FL 34986

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

Name: TIMOTED, JANET B Name: TIMOTED, JANET B

Address: 6109 FOUNTAIN PALM DRIVE Address: 7223 MYSTIC WAY

City-St-Zip: JUPITER, FL 33458 City-St-Zip: PORT SAINT LUCIE, FL 34986

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: JANET B. TIMOTEO D 01/11/2009