

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2002 8:00 am
Secretary of State

08-29-2002 90003 002 ****61.25

DOCUMENT # N99000007261

1. Entity Name

TIMOTHY FOUNDATION, INC.

Principal Place of Business

Mailing Address

% ROBERT L. SADER. ESQ.
 1901 W. CYPRESS CREEK ROAD. SUITE 415
 FORT LAUDERDALE FL 33309

% ROBERT L. SADER. ESQ.
 1901 W. CYPRESS CREEK ROAD. SUITE 415
 FORT LAUDERDALE FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1032926

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SADER, ROBERT L
1901 W. CYPRESS CREEK RD., SUITE 415
FORT LAUDERDALE FL 33309

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
 NAME HARDY, A.J.
 STREET ADDRESS 1901 W. CYPRESS CR. RD. #415
 CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPD ☐ Delete
 NAME SNYDER, CARA DR.
 STREET ADDRESS 13723 CHARCOAL
 CITY-ST-ZIP FARMERS BRANCH TX 75234

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE STD ☐ Delete
 NAME NEUTZLING, MAE
 STREET ADDRESS 418 BEAR VALLE PARKWAY
 CITY-ST-ZIP ESCONDIDO CA 92025-7436

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **X SIGNATURE REQUIRED**

8-21-02 954 776-7704

CR2E037 (4/02)