

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2004 8:00 am
Secretary of State

06-08-2004 90002 043 ****61.25

DOCUMENT # N99000007261

1. Entity Name
TIMOTHY FOUNDATION, INC.



Principal Place of Business
**% ROBERT L. SADER, ESQ.
1901 W. CYPRESS CREEK ROAD, SUITE 415
FORT LAUDERDALE, FL 33309**

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

44046208



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262003

Chg-NP

CR2E037 (10/03)

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

**Filing Fee is \$61.25
Due by September 8, 2004**

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

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 VPD
STREET ADDRESS SNYDER, CARA DR
CITY-ST-ZIP 2609 DANNY LANE
FARMERS BRANCH TX 75234

TITLE STD ☐ Delete
NAME NEUTZLING, MAE
STREET ADDRESS 1804 LYNX GLEN
CITY-ST-ZIP ESCONDIDO, CA 920263330

TITLE ☐ Change ☐ Addition
NAME STD
STREET ADDRESS NEUTZLING, MAE
CITY-ST-ZIP 1807 LYNX GLEN
ESCONDIDO CA 92026-3330

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

A J Hardy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RD HARDY PD

0530 04 702 269 1387

Date

Daytime Phone #