

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701256 (0)

1. Corporation Name

ST. TIMOTHY EVANGELICAL LUTHERAN CHURCH OF CAROL CITY, FLORIDA, INC.



Principal Place of Business

Mailing Address

4400 N.W. 183RD ST.
MIAMI FL 33055-3043

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MIAMI FL 33055-3043

3. Date Incorporated or Qualified
08/01/1960

3a. Date of Last Report
08/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1054165

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WARREN, JAMES SR
18330 NW 38TH COURT
MIAMI FL 33055**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	FSD	<input type="checkbox"/> DELETE
NAME	BURT, HERMENE	
STREET ADDRESS	18301 NW 43RD CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	VDT	<input type="checkbox"/> DELETE
NAME	WARREN, JAMES SR.	
STREET ADDRESS	18330 NW 38TH CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, JAMAUDE	
STREET ADDRESS	20353 N.W. 39 CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ALMA, CARLEY	
STREET ADDRESS	3712 S.W. 68TH WAY	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWIS, SAMUEL	
STREET ADDRESS	3965 NW 181ST LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LINTON, ELAINE	
STREET ADDRESS	10261 SW 13ST	
CITY-ST-ZIP	PEMBROKE PINES FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Director
3.3 STREET ADDRESS	Aybar, Christine
3.4 CITY-ST-ZIP	5918 N.W. 198th Terr MIAMI, FL 33055
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Conley, Alma
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James H. Warren

JAMES H. WARREN 1/10/96

Date

Daytime Phone #

CR2E037 (12/95)