

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham , Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 701256
 1. Corporation Name
St. Timothy Evangelical Lutheran Church Of
Carol City, Florida, Inc.

Principal Place of Business Mailing Address
4400 N. W. 183rd Street
Miami, Florida 33055-3043

3. Date Incorporated or Qualified
08-01-1960

4. FEI Number
59-1054165

Applied For
 Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

Warren, James Sr
18330 N. W. 183rd Street
Miami, Florida 33055

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	FSD	<input type="checkbox"/> DELETE
NAME	Burt, Hermene	
STREET ADDRESS	18301 NW 43 Ct. Miami, FL 33055	
CITY-ST-ZIP		
TITLE	VDT	<input type="checkbox"/> DELETE
NAME	Warren, James Sr.	
STREET ADDRESS	18330 NW 183 St	
CITY-ST-ZIP	Miami, Florida 33055	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Aybar, Christine	
STREET ADDRESS	5418 NW 198 Terr.	
CITY-ST-ZIP	Miami, Florida 33055	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	Corley, Alma	
STREET ADDRESS	3712 SW 68 Way	
CITY-ST-ZIP	Miramar, Florida 33023	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Lewis, Samuel	
STREET ADDRESS	3965 NW 181 St	
CITY-ST-ZIP	Miami, Florida 33055	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Linton, Elaine	
STREET ADDRESS	10261 SW 13 St	
CITY-ST-ZIP	Pembroke Pines Florida	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
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	

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14. I hereby certify that the information submitted 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 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, Sr.** 03-14-98
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (10/97)