2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701256

FILED Feb 12, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 4400 NW 183RD ST. MIAMI GARDENS, FL 330553043 **Current Mailing Address: New Mailing Address:** 4400 NW 183RD ST. MIAMI GARDENS, FL 330553043 FEI Number: 59-1054165 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THODE, ANDREAS M REV 317 W. RIVERBEND DRIVE SUNRISE, FL 33326 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Change () Addition () Delete CORLEY, ALMA A Name: Name: 10055 NW 18 ST Address: Address: City-St-Zip: PEMBROKE PINES, FL 33023 City-St-Zip: Title: SEC () Delete Title: () Change () Addition WARREN-WALKIN, KELLY Name: Name: Address: 130 NW 108 TERRACE APT 304 Address: City-St-Zip: PEMBROKE PINES, FL 33026 City-St-Zip: Title: TRSR () Delete Title: TRSR (X) Change () Addition AYBAR, CHRISTINE J HILL-AYBAR, CHRISTINE J Name: Name: 5418 NW 198TH TERR Address: Address: 5418 NW 198TH TERR City-St-Zip: MIAMI GARDENS, FL 33055 City-St-Zip: MIAMI GARDENS, FL 33055 Title: **FINS** () Delete Title: () Change () Addition Name: **BURT, HERMENE** Name: Address: 18301 NW 43 CT Address: City-St-Zip: MIAMI GARDENS, FL 33055 City-St-Zip: Title: () Delete Title: () Change () Addition EMMANUEL, TAMUNOIBELEMAM D Name: Name: 701 NW 210TH ST Address: Address: City-St-Zip: MIAMI GARDENS, FL 33169 City-St-Zip: Title: () Delete Title: CMAL (X) Change () Addition LANS, BRENDA LANS, BRENDA Name: Name: Address: 18115 NW 42 PL Address: 4400 NW 183RD ST MIAMI GARDENS, FL 33055 OPA LOCKA, FL 33055 City-St-Zip: City-St-Zip:

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: REV. ANDREAS M. THODE PSTR 02/12/2009