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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

703296 DOCUMENT #

(4)

ST. TIMOTHY EVANGELICAL LUTHERAN CHURCH OF TARPO N SPRINGS, INC.

| | | | | | | | | / 1 [] 1 1 1 1 1 1 1 1 1 1 | | . | Ш |
|--|---|-------------------------------|---|--------------------|-------------------|---|--|---|-------------------|--------------------|--------|
| Principal Place of Business Mailing Address | | | | | | r innerit en bie Aniae billië tibin (Dill | i Milli Bibit Milli | i Millii Mi | #40 B1848 B1861 (| (89) | |
| | ARPON AVENUE RINGS FL 34689 | | 812 EAST TARPON AVENUE TARPON SPRINGS FL 34689 | | | | | | | | |
| | | | | | | - | 3. Date Incorporated or Qualified 12/07/1961 | | | st Report /1995 | |
| 2. Principal Pl 21 | ace of Business | 2a. Mailing Address 26 | | | | | 4. FEI Number 59-1934470 | Applied For Not Applicable | | | |
| Suite, Apt. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | | | |
| City & State |) | City & State | | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | | | |
| Zıp | Country | Zip Country | | | - - | This corporation has liability for intangible tax under s. 199.032, | | | | | |
| 24 | 25 9. Name and Address of Curren | 29 30 30 | | | | Florida Statutes Yes No 10. Name and Address of New Registered Agent | | | | | |
| | 3. Name and Address of Conten | r negisteren Agent | | 81 | Name | | U. Name and Address of New H | agistered A | gent | | |
| RIDENO | UR, BRAD E. (PASTOR) | | | 82 | | | | | | | |
| 917 LYN | inlea lane | | | | | t Address | ddress (P.O. Box Number is Not Acceptable) | | | | |
| TARPON | I SPRINGS FL 34689 | | | 83 | | | | | | | |
| | | | | 84 | City | | 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | Fi | 85 | Zip Code | |
| 11. Pursuant t | o the provisions of Sections 617.0502 | and 617.1508, Florida Statute | es, the abo | ve-r | named c | orporation | n submits this statement for the pur | ooso of char | naina its | registered | office |
| or register | ed agent, or both, in the State of Florid th, and accept the obligations of, Section | ia. Such change was authorizi | ed by the d | corpo | oration's | s board of | directors. I hereby accept the appo | intment as r | egistere | ed agent. I a | m |
| SIGNATURE _ | | | | | | | | | | | İ |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: F 12. OFFICERS AND DIRECTORS | | | | | l signature i | required whe | n reinstating) ADDITIONS/CHANGES TO OFFI | DATE CEDE AND | DIDECT | TODE IN 10 | |
| TITLE | PD | DELETE | 13. | LE. | | T | ADDITIONS/OF IANGES TO OFF | | 1 Change | | |
| NAME | MOLDENHAUER, RONN | _ | 1.2 N/ | | | | | L., | j 0g. | | (,,,,, |
| STREET ADDRESS | 826 LAKESIDE TERR. | 1.0 | | 1.3 STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | PALM HARBOR FL | | | 1.4 CITY-ST-ZIP | | | | | | | |
| TITLE | VD | | | 2.1 TITLE | | | | | Change | Addit | tion |
| NAME | MARQUART, MARSHA | | 2.2 NA 2.3 STI | | NAME | | | | | | |
| STREET ADDRESS | 3608 EISENHOWER DRIVE | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | HOLIDAY FL SD | E OCULTA | | 2. 4 CITY-ST-ZIP | | ļ | | | - | | |
| TITLE NAME | Luedke, Russ | 424 | | ILE | | | | L. |] Change | Addit | tion |
| STREET ADDRESS | 954 RIDGEWOOD TERRACE | | 3.2 NAN | | 4000000 | Jo | an Thomas | | | | |
| CITY-ST-ZIP | TARPON SPRINGS FL | | | | ADDRESS ST-ZIP | | 16 Wisconsin | | | | |
| TITLE | 1 | ™ DELETE | 4.1 (1) | | 11 - ZAP | ₽a | lm Harbor, Flor | ida, r | TCMonte | 683 Addit | tion |
| NAME | SIMS, CINDY | , | 4 2 N | AME | | | | _ | , | 96 | |
| STREET ADDRESS | 1800 WILLOW OAK DR | | 4.3 ST | 4.3 STREET ADDRESS | | | hn, Paul | | | | |
| CITY-ST-ZIP | DALM MADOOD CI | | 4.4 CF | 4.4 CiTY-ST-ZiP | | 1 | 27 Lakeshore Drive N. | | | | |
| TITLE | | DELETE | 5.1 Tri | LE | | Pal | alm Harbor, Florida | | | : Addit | tion |
| NAME | | | 5.2 N/ | ME | | | | | | | |
| STREET ADDRESS | | | 5.3 ST | REET | ADDRESS | 1 | | | | | |
| CHTY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | ↓ | | | | | |
| TITLE | | DELETE | 6.1 Til | | | | | E |] Change | e 🔲 Addit | tion |
| NAME CIRCLI ADDRESS | | | 6.2 NA | | | | | | | | |
| STREET ADDRESS | | | | | address | | | | | | |
| CITY - ST - ZIP | | | 6.4 CF | Y-S1 | T-21P | ı | | | | | |

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:

- A NABANY JARNA BANDA ANGKA SINGG BURNA BUNG BURNA BURNA BARNY BURNA BURNA BURNA BARNA BARNA BARNA BARNA BARNA