

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 12 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 703296 (4)**

1. Corporation Name  
**ST. TIMOTHY EVANGELICAL LUTHERAN CHURCH OF TARPO  
 N SPRINGS, INC.**



Principal Place of Business <b>812 EAST TARPON AVENUE TARPON SPRINGS FL 34689</b>	Mailing Address <b>812 EAST TARPON AVENUE TARPON SPRINGS FL 34689</b>
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/07/1961</b>	3a. Date of Last Report <b>02/21/1996</b>
--	--

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number <b>59-1934470</b>	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip 24	Country 25	Zip 29	Country 30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
--

9. Name and Address of Current Registered Agent

**RIDENOUR, BRAD E. (PASTOR)  
 917 LYNNLEA LANE  
 TARPON SPRINGS FL 34689**

10. Name and Address of New Registered Agent

81 Name <b>Snare, Curt B. (Pastor)</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>812 E. Tarpon Ave</b>
83 City <b>Tarpon Springs</b>
84 State <b>FL</b>
85 Zip Code <b>34689</b>

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]* **Curt B. Snare (Pastor)** DATE **7/18/97**

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>MOLDENHAUER, RONN</b>	
STREET ADDRESS <b>826 LAKESIDE TERR.</b>	
CITY-ST-ZIP <b>PALM HARBOR FL</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MARQUART, MARSHA</b>	
STREET ADDRESS <b>3808 EISENHOWER DRIVE</b>	
CITY-ST-ZIP <b>HOLIDAY FL</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>THOMAS, JOAN</b>	
STREET ADDRESS <b>1516 WISCONSIN</b>	
CITY-ST-ZIP <b>PALM HARBOR FL</b>	
TITLE <b>T</b>	<input type="checkbox"/> DELETE
NAME <b>GRAHN, PAUL</b>	
STREET ADDRESS <b>127 LAKESHORE DR N</b>	
CITY-ST-ZIP <b>PALM HARBOR FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Robert Loos</b>	
2.3 STREET ADDRESS <b>3163 Sterling St.</b>	
2.4 CITY-ST-ZIP <b>Tarpon Springs FL 34689</b>	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>Parren, Don</b>	
3.3 STREET ADDRESS <b>220 Timberlane Dr.</b>	
3.4 CITY-ST-ZIP <b>Palm Harbor, FL 34683</b>	
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	

14. I do 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 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 *[Signature]* **Paul Grahm** 815

CR2E037 (4/97)