

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90043 041 ****70.00

DOCUMENT # 703296 1. Entity Name ST. TIMOTHY EVANGELICAL LUTHERAN CHURCH OF TARPON SPRINGS, INC.					
Principal Place of Business 812 EAST TARPON AVENUE TARPON SPRINGS, FL 34689			Mailing Address 812 EAST TARPON AVENUE TARPON SPRINGS, FL 34689		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent SNARE, CURT B (PASTOR 812 E TARPON AVE TARPON SPRINGS, FL 34689				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD MOLDENHAUER, RONALD J 826 LAKESIDE TERRACE PALM HARBOR, FL 34683	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD PREMUTO, MICHELLE 4826 PHOENIX AVE HOLIDAY, FL 34690	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S SCHLUETER, ROBERT 3104 SALTON STREET HOLIDAY, FL 34691	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TD SELETOS, CINDY 2007 N. POINTE ALEXIS DR TARPON SPRINGS, FL 34689	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD Robert Bevilacqua 622 Allens Ridge Dr E Palm Harbor, FL 34683	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S Dave Geiger 8845 Edelweiss Loop Trinity, FL 34655	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S DAVE GEIGER 8845 EDELWEISS LOOP TRINITY, FL 34655	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S DAVE GEIGER 8845 EDELWEISS LOOP TRINITY, FL 34655	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S DAVE GEIGER 8845 EDELWEISS LOOP TRINITY, FL 34655	☐ Change ☒ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Cindy A. Seletos</u> <u>Cindy Seletos</u> <u>2/10/07</u> <u>727-937-3503</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					