2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# 703296

Entity Name: ST. TIMOTHY EVANGELICAL LUTHERAN CHURCH OF TARPON SPRINGS, INC.

Current Principal Place of Business:

812 EAST TARPON AVENUE
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

812 EAST TARPON AVENUE
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 59-1934470 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SNARE, CURT B (PASTOR
812 E TARPON AVE
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: PREMUTO, MICHELLE R
Address: 4826 PHOENIX AVE
City-St-Zip: HOLIDAY, FL 34690

Title: VD ( ) Delete
Name: BEVILACQUA, ROBERT
Address: 622 ALLENS RIDGE DRIVE E
City-St-Zip: PALM HARBOR, FL 34683

Title: S ( ) Delete
Name: GEIGER, DAVE
Address: 2245 EDELWEISSS LOOP
City-St-Zip: TRINITY, FL 34655

Title: TD ( ) Delete
Name: BRUNS, GLORIA R
Address: 1176 LINDENWOOD DR
City-St-Zip: TARPON SPRINGS, FL 34688

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: MICHELLE R. PREMUTO PD 01/20/2009

Electronic Signature of Signing Officer or Director — Date