

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 25 1997 8:00am
Secretary of State**

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

DOCUMENT # 709216 (6)

1. Corporation Name
ST. TIMOTHY EVANGELICAL LUTHERAN CHURCH OF MELBOURNE, INC.



Principal Place of Business 1903 CROTON RD. MELBOURNE FL 32935	Mailing Address 1803 CROTON RD. MELBOURNE FL 32935-3333
--	---

3. Date Incorporated or Qualified 06/28/1965	3a. Date of Last Report 03/01/1996
--	--

21. Principal Place of Business Suite, Apt #, etc. City & State Zip Country	22. Mailing Address Suite, Apt #, etc. City & State Zip Country
--	--

4. FEI Number 59-6165915	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**VIGE, REV. C. HANDLEE
1443 STEWART AVE.
MELBOURNE FL 32935**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent's signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	REYNOLDS, WAYNE	1.2 NAME	Timothy Szymula
STREET ADDRESS	32 MARINA ISLES BLVD	1.3 STREET ADDRESS	1553 Dandelion Drive
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	1.4 CITY-ST-ZIP	Melbourne, FL 32935
TITLE	VD	2.1 TITLE	VD
NAME	WEILHAMER, BARBARA	2.2 NAME	Bonnie Romanelli
STREET ADDRESS	768 EVERGLADE DRIVE	2.3 STREET ADDRESS	773 Tupelo Drive
CITY-ST-ZIP	MELBOURNE FL 32935	2.4 CITY-ST-ZIP	Melbourne, FL 32935
TITLE	SD	3.1 TITLE	
NAME	STALL, MARY SUE	3.2 NAME	
STREET ADDRESS	3025 APPALOOSA BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32934	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	BROWN, JAMES W.	4.2 NAME	
STREET ADDRESS	2020 TALLRIDGE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32935	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	MASSIMINI, JOE	5.2 NAME	
STREET ADDRESS	1583 ALBERT DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32935	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	VIGE, C. HANDLEE	6.2 NAME	
STREET ADDRESS	1443 STEWART AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32935	6.4 CITY-ST-ZIP	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	REYNOLDS, WAYNE	1.2 NAME	Timothy Szymula
STREET ADDRESS	32 MARINA ISLES BLVD	1.3 STREET ADDRESS	1553 Dandelion Drive
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	1.4 CITY-ST-ZIP	Melbourne, FL 32935
TITLE	VD	2.1 TITLE	VD
NAME	WEILHAMER, BARBARA	2.2 NAME	Bonnie Romanelli
STREET ADDRESS	768 EVERGLADE DRIVE	2.3 STREET ADDRESS	773 Tupelo Drive
CITY-ST-ZIP	MELBOURNE FL 32935	2.4 CITY-ST-ZIP	Melbourne, FL 32935
TITLE	SD	3.1 TITLE	
NAME	STALL, MARY SUE	3.2 NAME	
STREET ADDRESS	3025 APPALOOSA BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32934	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	BROWN, JAMES W.	4.2 NAME	
STREET ADDRESS	2020 TALLRIDGE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32935	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	MASSIMINI, JOE	5.2 NAME	
STREET ADDRESS	1583 ALBERT DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32935	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	VIGE, C. HANDLEE	6.2 NAME	
STREET ADDRESS	1443 STEWART AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32935	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: C. Handlee Vige **2/10/97** **(407) 259-3443**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0019525

CR2E037 (9/96)