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**Feb 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 1903 CROTON RD. MELBOURNE FL 32935
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3. Date Incorporated or Qualified 06/28/1965	
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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	

2. Principal Place of Business 21 Same as above	2a. Mailing Address 26 Same as above
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25 Brevard
	Zip 29
	Country 30

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

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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SZYMULA, TIMOTHY	
STREET ADDRESS	1553 DANDELION DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WEILHAMER, BARBARA	
STREET ADDRESS	768 EVERGLADE DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROMANELLI, BONNIE	
STREET ADDRESS	773 TUPELO DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BROWN, JAMES W.	
STREET ADDRESS	2020 TALLRIDGE ROAD	
CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MASSIMINI, JOE	
STREET ADDRESS	1583 ALBERT DR	
CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VIGE, C. HANDLEE	
STREET ADDRESS	1443 STEWART AVENUE	
CITY-ST-ZIP	MELBOURNE, FL 32935	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Harry Longarzo	
1.3 STREET ADDRESS	2809 Empire Avenue	
1.4 CITY-ST-ZIP	Melbourne, FL 32934	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Keen, Carmen	
2.3 STREET ADDRESS	2200 St. Theresa Way	
2.4 CITY-ST-ZIP	Melbourne, FL 32935	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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* **2/19/98**

CR2E037 (10/97)