


FILED
Feb 24, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 709216

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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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/28/1965
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-6165915
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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. Name 83. Name 84. City FL 85. Zip Code
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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: *C. Handlee Vige* DATE: **3/21/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LONGARZO, HARRY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2309 EMPIRE AVE	1.2 NAME	
CITY-ST-ZIP	MELBOURNE FL 32934	1.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
TITLE	S KEEN, CARMEN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2200 ST.THERESA WAY	2.2 NAME	
CITY-ST-ZIP	MELBOURNE FL 32935	2.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
TITLE	VD ROMANELLI, BONNIE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	773 TUPELO DRIVE	3.2 NAME	
CITY-ST-ZIP	MELBOURNE, FL	3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE	T BROWN, JAMES W.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2020 TALLRIDGE ROAD	4.2 NAME	
CITY-ST-ZIP	MELBOURNE, FL 32935	4.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
TITLE	D MASSIMINI, JOE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1583 ALBERT DR	5.2 NAME	
CITY-ST-ZIP	MELBOURNE, FL 32935	5.3 STREET ADDRESS	
	<input checked="" type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
TITLE	D VIGE, C. HANDLEE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1443 STEWART AVENUE	6.2 NAME	
CITY-ST-ZIP	MELBOURNE, FL 32935	6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE: *C. Handlee Vige* DATE: **2/15/99** DAYTIME PHONE: **407-259-3440**

CR2E037 (1/98)