

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732619 (2)
1. Corporation Name

ST. TIMOTHY EVANGELICAL LUTHERAN CHURCH OF CRYSTAL RIVER, INC.



000001829110
-05/20/96--01040--030

Principal Place of Business Mailing Address
1070 N SUNCOAST BLVD. 1070 N SUNCOAST BLVD.
CRYSTAL RIVER FL 34429 CRYSTAL RIVER FL 34429
US US

3. Date first reported for Qualified 04/30/1975
3a. Date of Last Report 04/26/1995

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

4. FEI Number 23-7452507 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SCHLUMBERGER, ROBERT
720 N DOVE PT
CRYSTAL RIVER FL 32629

10. Name and Address of New Registered Agent
81 Name KRONMANN, ROGER BATES
82 Street Address (P.O. Box Number is Not Acceptable) 8403 W. Wings Lane
83 Crystal River, FL 34429-5416
84 City Crystal River, FL 85 Zip Code 34429-5416

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: *Roger Bates* DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, ARTHUR	
STREET ADDRESS	1570 N BOWMAN TERR	
CITY - ST - ZIP	HERNANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WINAND, LOIS	
STREET ADDRESS	1595 N FOXBORO LOOP	
CITY - ST - ZIP	CRYSTAL RIVER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FAIN, EDA	
STREET ADDRESS	6 WAXMYRTLE COURT	
CITY - ST - ZIP	HOMOSASA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOERGER, HERBERT	
STREET ADDRESS	36 SWEETGUM COURT N	
CITY - ST - ZIP	HOMOSASA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CZUFIN, DAVID	
STREET ADDRESS	11798 COQUINA COURT	
CITY - ST - ZIP	CRYSTAL RIVER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOERGER, HERBERT	
1.3 STREET ADDRESS	36 SWEETGUM CT. N.	
1.4 CITY - ST - ZIP	HOMOSASSA, FL 34446	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WINAND, LOIS	
2.3 STREET ADDRESS	1595 N. FOXBORO LOOP	
2.4 CITY - ST - ZIP	CRYSTAL RIVER, FL 34429	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ALECKSON, J. WILLIAM	
3.3 STREET ADDRESS	11587 W. TIMBERLANE DR.	
3.4 CITY - ST - ZIP	HOMOSASSA, FL 34448	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KING, GAIL	
4.3 STREET ADDRESS	2161 S, ANBRIDGE PT.	
4.4 CITY - ST - ZIP	INVERNESS, FL 34452	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	FAIN, EDNA	
5.3 STREET ADDRESS	6 WAXMYRTLE COURET	
5.4 CITY - ST - ZIP	HOMOSASSA, FL 34446	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *J.W. Aleckson* J.W. ALECKSON 4-23-96 352-628-2334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)