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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732619 (2)
1. Corporation Name
ST. TIMOTHY EVANGELICAL LUTHERAN CHURCH OF CRYSTAL RIVER, INC.



Principal Place of Business 1070 N SUNCOAST BLVD. CRYSTAL RIVER FL 34429 US	Mailing Address 1070 N SUNCOAST BLVD. CRYSTAL RIVER FL 34429-5473 US
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3. Date Incorporated or Qualified 04/30/1975	3a. Date of Last Report 05/19/1996
4. FEI Number 23-7452507	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 checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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9. Name and Address of Current Registered Agent
**KRONMANN, ROGER BATES
8403 W. WINGS LANE
CRYSTAL RIVER FL 34429-5416**

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
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 *Roger Bates Kronmann* **ROGER BATES KRONMANN** 4-24-97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HERBERT, JOERGER	
STREET ADDRESS	38 SWEETGUM CT.	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	V/D	<input type="checkbox"/> DELETE
NAME	WINAND, LOIS	
STREET ADDRESS	1595 N FOXBORO LOOP	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FAIN, EDA	
STREET ADDRESS	6 WAXMYRTLE COURT	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOERGER, HERBERT	
STREET ADDRESS	38 SWEETGUM COURT N	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FAIN, EDNA	
STREET ADDRESS	6 WAXMYRTLE CT.	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	7D STEFFEN, HAROLD T.
3.3 STREET ADDRESS	9 ENCLAVE PT.
3.4 CITY-ST-ZIP	HOMOSASSA, FL 34446
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	5D KING, GAIL
4.3 STREET ADDRESS	657 WHISPERING PINES BLVD.
4.4 CITY-ST-ZIP	INVERNESS, FL 34453
5.1 TITLE	<input type="checkbox"/> Change <input checked="" 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 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: *Harold T. Steffen* **HAROLD T. STEFFEN** 4-24-97 352-382-0651
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0665010

CR2E037 (9/96)