

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 JUN -5 PM 4: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 732619 (2)

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

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

3. Date Incorporated or Qualified
04/30/1975

4. FEI Number 23-7452507 Applied For Not Applicable

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

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRONMANN, ROGER BATES
8403 W. WINGS LANE
CRYSTAL RIVER FL 34429-5418

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

TITLE PD
NAME HERBERT, JOERGER DELETE
STREET ADDRESS 38 SWEETGUM CT.
CITY-ST-ZIP HOMOSASSA FL 34446

1.1 TITLE PRESIDENT PD Change Addition
1.2 NAME JOHNSON, KAREN
1.3 STREET ADDRESS 18 S. DESOTO ST.
1.4 CITY-ST-ZIP BEVERLY HILLS, FL 34465

TITLE V/D DELETE
NAME WINAND, LOIS
STREET ADDRESS 1595 N FOXBORO LOOP
CITY-ST-ZIP CRYSTAL RIVER FL 34429

2.1 TITLE VICE-PRESIDENT V/D Change Addition
2.2 NAME GEER, KATHLEEN
2.3 STREET ADDRESS 4660 S. LEGEND DR.
2.4 CITY-ST-ZIP HOMOSASSA, FL 34446

TITLE TD DELETE
NAME STEFFEN, HAROLD T
STREET ADDRESS 9 ENCLAVE PT
CITY-ST-ZIP HOMOSASSA FL Same

3.1 TITLE Change Addition
3.2 NAME 800002555168--
3.3 STREET ADDRESS -06/10/98--01082--006
3.4 CITY-ST-ZIP *****61.25 *****61.25

TITLE SD DELETE
NAME KING, GAIL
STREET ADDRESS 657 WHISPERING PINES BLVD.
CITY-ST-ZIP INVERNESS FL Same

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME FAIN, EDNA
STREET ADDRESS 6 WAXMYRTLE CT.
CITY-ST-ZIP HOMOSASSA FL 34446

5.1 TITLE COUNCIL MEMBER D Change Addition
5.2 NAME CHARLES THOMAS
5.3 STREET ADDRESS 10 GRAY TWIG CT.
5.4 CITY-ST-ZIP HOMOSASSA, FL 34446

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE COUNCIL MEMBER D Change Addition
6.2 NAME POLLARD, VICTORIA
6.3 STREET ADDRESS 1441 N. W. 20th AVE.
6.4 CITY-ST-ZIP CRYSTAL RIVER, FL 34428

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 any attachment with an address.

SIGNATURE: Harold T. Steffen HAROLD T. STEFFEN 06-15-98 1998 005-5325

CR2E037 (10/97)