

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 14, 2001 8:00 am
Secretary of State

05-17-2001 90378 038 ****61.25

DOCUMENT # 732619

1. Entity Name

ST. TIMOTHY EVANGELICAL LUTHERAN CHURCH OF CRYST

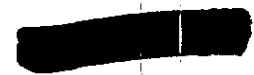
CA

Principal Place of Business

1070 N SUNCOAST BLVD.
 CRYSTAL RIVER FL 34429
 US

Mailing Address

1070 N SUNCOAST BLVD.
 CRYSTAL RIVER FL 34429
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number *23-7452507*
APPLIED FOR

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRONMANN, ROGER BATES
8403 W. WINGS LANE
CRYSTAL RIVER FL 34429-5416

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

R.B. Kronman

April 27, 2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Delete
 VP FELTON, JANICE
 STREET ADDRESS 8590 S. TROPICANA AVE
 CITY-ST-ZIP LECANTO FL 34461

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 P GEER, KATHLEEN
 STREET ADDRESS 4660 S. LEGEND DRIVE
 CITY-ST-ZIP HOMOSSASSA FL 34446

TITLE *President* NAME *Robert Schlumberger* Change Addition
 STREET ADDRESS *720 N. Dove Pt.*
 CITY-ST-ZIP *Crystal River, FL 34429*

TITLE NAME Delete
 T JOHNSON, HERBERT W
 STREET ADDRESS 1679 N. WEMBLEY DR
 CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 S DUTTON, GLORIA
 STREET ADDRESS 5597 W. PINE CIRCLE
 CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 CMD CONNER, DONALD JR.
 STREET ADDRESS 2925 SW 210TH AVE
 CITY-ST-ZIP DUNNELION FL 34431

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 CMD GREY, CHARLES
 STREET ADDRESS 20 OAK VILLAGE BLVD S.
 CITY-ST-ZIP HOMOSSASSA FL 34428

TITLE *Council Member* NAME *Roger Hicks* Change Addition
 STREET ADDRESS *11815 W. Waterway*
 CITY-ST-ZIP *Homosassa, FL 34448*

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Herbert W. Johnson* **HERBERT W. JOHNSON** *4/27/01* *352-795-5325*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)