

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED
AND
FILED

1975 MAY 26

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 760498 (6)
1. Corporation Name
ST. TIMOTHY LUTHERAN CHURCH, INC.

Principal Place of Business Mailing Address
8601 S.W. 199 ST. MIAMI FL 33189 8601 S.W. 199 ST MIAMI FL 33189

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

300001504373
-06/02/95--01025--013
****155.00 ****155.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/22/1960 3a. Date of Last Report 04/26/1994
4. FEI Number 59-1086282 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.099, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BOTTEICHER, JOHN
8874 SW 197TH TERRACE
MIAMI FL 33189

10. Name and Address of Now Registered Agent
81 Name Paul W. Risley
82 Street Address (P.O. Box Number is Not Acceptable)
83 7401 SW 158 TER
84 City Miami FL 85 Zip Code 33157

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.
SIGNATURE PAUL W. RISLEY - TREASURER Paula Risley 4-30-95
Signature (typed or printed name of registered agent and title) (Typed) Registered Agent (signature required when registering) (DATE)

12. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	CLOW, AL
STREET ADDRESS	8601 SW 199TH ST
CITY, ST, ZIP	MIAMI FL
TITLE	PD
NAME	BOTTEICHER, JOHN
STREET ADDRESS	8874 SW 197 TERR
CITY, ST, ZIP	MIAMI FL
TITLE	S
NAME	WILLIAMS, JOAN
STREET ADDRESS	8601 SW 199TH ST
CITY, ST, ZIP	MIAMI FL
TITLE	DT
NAME	JACOBSON, LEON
STREET ADDRESS	9260 SW 190 ST
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	TEWS, AL
13 STREET ADDRESS	10260 N. CARAGUA DR.
14 CITY, ST, ZIP	MIAMI, FL 33189
21 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	ANDRES I. RUIZ
23 STREET ADDRESS	8385 S.W. 165 TERR.
24 CITY, ST, ZIP	MIAMI, FL 33157
31 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	TEWS, SALLY
33 STREET ADDRESS	10260 N. CARAGUA DR.
34 CITY, ST, ZIP	MIAMI, FL 33189
41 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	PAUL W. Risley
43 STREET ADDRESS	7401 S.W. 158 TER.
44 CITY, ST, ZIP	MIAMI, FL 33157
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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 in an attachment with an address.

SIGNATURE: Paula Risley PAUL W. Risley 4-30-95 (305) 251-9437
Signature (typed or printed name of signing officer or director) (Typed) (Typed)

REMITTED BY MAY 1

Trans 5/26/95