

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 760498 (6)

1. Corporation Name
ST. TIMOTHY LUTHERAN CHURCH, INC.



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

3. Date Incorporated or Qualified: 02/22/1960
3a. Date of Last Report: 05/26/1995

2. Principal Place of Business: 21 8601 S.W. 199 ST. 22 n/a 23 Miami, Florida 24 33189 DADE
2a. Mailing Address: 26 8601 S.W. 199 St. 27 n/a 28 Miami Fla. 29 33189 30 DADE

4. FEI Number: 59-1086282
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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: RISLEY, PAUL W 7401 SW 158TH TERR. MIAMI FL 33157
10. Name and Address of New Registered Agent: 81 Name: ROY PAGLIAI 82 Street Address: 8601 SW 199th Street 83 84 City: MIAMI, FLA. FL 85 Zip Code: 33189

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: *Roy E. Pagliai* ROY E. PAGLIAI 4/29/96 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD ROY PAGLIAI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEWS, AL	1.2 NAME	8601 SW 199 Street
STREET ADDRESS	10260 NICARAQUA DR.	1.3 STREET ADDRESS	Miami, Fl. 33189
CITY-ST-ZIP	MIAMI FL 33189	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD - NOAH STUBBS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDRES, RUIZ I.	2.2 NAME	15981 S.W. 281 ST.
STREET ADDRESS	8385 SW 165 TERR.	2.3 STREET ADDRESS	HOMESTEAD, FL. 33033
CITY-ST-ZIP	MIAMI FL 33157	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S - DONNA HORNE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEWS, SALLY	3.2 NAME	1530 N.E. 13th ST
STREET ADDRESS	10260 NICARAQUA DR.	3.3 STREET ADDRESS	HOMESTEAD, FL. 33030
CITY-ST-ZIP	MIAMI FL 33189	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T- <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RISLEY, PAUL W.	4.2 NAME	
STREET ADDRESS	7401 S.W. 158TH TERR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Roy E. Pagliai* ROY E. PAGLIAI 4/29/96 235-1704 DATE Daytime Phone #

CR2E037 (12/95)