

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # 760498

1. Entity 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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1086282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROY PAGLIAI
9631 BAHAMA DRIVE
MIAMI FL 33189

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME ROY PAGLIAI
STREET ADDRESS 9631 BAHAMA DRIVE
CITY-STATE-ZIP MIAMI FL 33189

☐ Change ☐ Addition
U00000636268
02/26/07-80010-005 61.25

TITLE ☐ Delete
NAME V.P.
STREET ADDRESS KANSMAN, TOM
CITY-STATE-ZIP 18901 SW 312 ST
HOMESTEAD FL 33030

☐ Change ☐ Addition

TITLE ☐ Delete
NAME S
STREET ADDRESS AZCUI, CYNTHIA
CITY-STATE-ZIP 20500 MANTA DRIVE
MIAMI FL 33189

☐ Change ☐ Addition

TITLE ☐ Delete
NAME T
STREET ADDRESS KANSMAN, DIANA
CITY-STATE-ZIP 18901 SW 312 ST
HOMESTEAD FL 33030

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #