

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 701256

**FILED**  
**Mar 29, 2018**  
**Secretary of State**  
**CC6469976970**

**Entity Name:** ST. TIMOTHY EVANGELICAL LUTHERAN CHURCH OF CAROL CITY, FLORIDA, INC.

**Current Principal Place of Business:**

4400 NW 183RD ST.  
MIAMI GARDENS, FL 33055

**Current Mailing Address:**

4400 NW 183RD ST.  
MIAMI GARDENS, FL 33055 US

**FEI Number:** 59-1054165

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORLEY, ALMA W  
4400 NW 183RD STREET  
MIAMI, FL 33055 US

*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:** ALMA W . CORLEY

03/29/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            CORLEY, ALMA W  
Address        4400 NW 183RD ST.  
City-State-Zip: MIAMI GARDENS FL 33055

Title            T  
Name            HILL-AYBAR, CHRISTINE  
Address        4400 NW 183RD ST.  
City-State-Zip: MIAMI GARDENS FL 33055

Title            S  
Name            RAO, RACHEL  
Address        4400 NW 183RD ST.  
City-State-Zip: MIAMI GARDENS FL 33055

Title            VP  
Name            SOLOMAN, WILLA  
Address        4401 NW 179 STREET  
City-State-Zip: MIAMI GARDENS FL 33055

Title            FINANCIAL SECRETAR  
Name            WALKIN, KELLY  
Address        4400 NW 183RD ST.  
City-State-Zip: MIAMI GARDENS FL 33055

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALMA W. CORLEY

**PRESIDENT**

03/29/2018

Electronic Signature of Signing Officer/Director Detail

Date