

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

DOCUMENT# 703296

**FILED**  
**Jan 22, 2018**  
**Secretary of State**  
**CC2868844574**

**Entity Name:** ST. TIMOTHY EVANGELICAL LUTHERAN CHURCH OF TARPON SPRINGS, INC.

**Current Principal Place of Business:**

812 EAST TARPON AVENUE  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

812 EAST TARPON AVENUE  
TARPON SPRINGS, FL 34689

**FEI Number:** 59-1934470

**Certificate of Status Desired:** Yes

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

SNARE, CURT B (PASTOR  
812 E TARPON AVE  
TARPON SPRINGS, FL 34689 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name CUBLEY, LELAND W  
Address 114 LAKE SHORE DR E  
City-State-Zip: PALM HARBOR FL 34684

Title S  
Name WEAVER, CAROLE A  
Address 1127 ASHBOURNE CIRCLE  
City-State-Zip: TRINITY FL 34655

Title TD  
Name WILCOX, KAREN  
Address 227 TIMBERLANE DR  
City-State-Zip: PALM HARBOR FL 34683

Title VP  
Name THOMSON, CLIFFORD  
Address 1616 GULF RD  
City-State-Zip: TARPON SPRINGS FL 34689

*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: CAROLE A WEAVER

SECRETARY

01/22/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date