

DOCUMENT # 703812

1. Entity Name

APOSTLES LUTHERAN CHURCH OF BRANDON, FLORIDA, IN

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90059 029 ****61.25

Principal Place of Business

200 N KINGSWAY ROAD
BRANDON FL 33510

Mailing Address

200 N KINGSWAY ROAD
BRANDON FL 33510

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6553141

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEISCKER, RON
2208 OAK CLIFF COURT
VALRICO FL 33594

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.

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
CHUBBS, NORM
140 MORROW CIRCLE
BRANDON FL 33510 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANASCO, KAREN
1201 BRANDA VISTA DRIVE
BRANDON FL 33511-3211 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HORNE, WILLIAM
3004 STARMOUNT DR
VALRICO FL 33594 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Rentz, Joel
3609 CINNAMON TRACE DRIVE
VALRICO FL 33594 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
DIODATE, DAVID
1204 SANDELWOOD DR.
PLANT CITY FL 33564 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BOEHM, ANNE
2508 LAURELWOOD LN
VALRICO FL 33594 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Age, Roy
606 Julie Lane
BRANDON FL 33511 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/01 813-754-9571

CR2E037 (10/00)