2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT #703812 01-14-2008 90083 027 ****70.00 APOSTLES LUTHERAN CHURCH OF BRANDON, FLORIDA, INC. Principal Place of Business Mailing Address 200 KINGSWAY ROAD 200 KINGSWAY ROAD 40000 BRANDON, FL 33510 BRANDON, FL 33510 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092008 Chg-NP CR2E037 (12/06) City & State Applied For City & State 4. FEI Number 04-3705098 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEISECKER, RONALD L 2208 OAK CLIFF COURT Street Address (P.O. Box Number is Not Acceptable) VALRICO, FL 33594 Zip Code FL 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. 01-09-2008 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD TITLE Delete TITLE ☐ Change Addition Hill, Coleman 2803 Beagle Place RUNGE, DANIEL NAME NAME STREET ADDRESS 5116 SYLVAN OAKS DR. STREET ADDRESS CITY-ST-ZIP VALRICO, FL 33594 CITY-ST-ZIP Seffner, FL 33584 PD Delete TITLE TITLE Change Addition BERG, DAVID L NAME STREET ADDRESS 3804 SCOVILL RD STREET ADDRESS CITY-ST-ZIP VALRICO, FL 335947198 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition MCNAIR, HOWARD NAME NAME STREET ADDRESS 1850 PROVIDENCE LAKE BLVD STREET ADDRESS CITY-ST-ZIP BRANDON, FL 33511 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STROEHLEN, CHARLENE NAME NAME **508 BRANTWOOD CT** STREET ADDRESS STREET ADDRESS VALRICO, FL 33594 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 THE DOOR INTED NAME OF SIGNING OFFICER OR DIRECTOR DEED OF SIGNING OFFICER OR DIRECTOR

9/88 (813) 63

FILED

Jan 14, 2008 8:00 am

Daytime Phone #