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**FILED**

**Jan 16 1997 8:00am  
Secretary of State**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 703812 (8)**

1. Corporation Name  
**APOSTLES LUTHERAN CHURCH OF BRANDON, FLORIDA, IN  
C.**



Principal Place of Business      Mailing Address  
**200 N KINGSWAY ROAD  
BRANDON FL 33510**      **200 N KINGSWAY ROAD  
BRANDON FL 33510-4804**

3. Date Incorporated or Qualified **03/30/1962**      3a. Date of Last Report **04/14/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-6553141</b>		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23 Zip      Country		28 Zip      Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Zip      25 Country		29 Zip      30 Country					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CARLSEN, HARRY A. 2533 WRENCREST VALRICO FL 33594</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T STOUTENBURG, ART 4005 WOODS POINTE DR. BRANDON FL 33594	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	T SAUNDERS, Steve 305 SUZETTE DR BRANDON FL 33511 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D LAUVE, JAYNE 1410 QUEENSBURY AVE. VALRICO FL 33594	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T DIODATE, DAVID 1204 SANDELWOOD DR. PLANT CITY FL 33564	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D JOHNSON, KAREN 3125 BLOOMINGDALE VILLAS BRANDON FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T HENRY, PAUL 1308 PEACHFIELD VALRICO FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	T BEISECKER, RON 2405 OAK LANDING BRANDON FL 33511 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D CARLSEN, HARRY A. 2533 WRENCREST VALRICO FL 33594	<input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D RUEPKEN, Steve 505 FINGER LAKE PLACE SEFFNER FL 33584 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *David Diodate* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**      **1/13/97**      **813-754-9571**  
Date      Daytime Phone # 0045418

CR2E037 (9/96)