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**Feb 04 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 200 N KINGSWAY ROAD BRANDON FL 33510
Mailing Address: 200 N KINGSWAY ROAD BRANDON FL 33510

3. Date Incorporated or Qualified: **03/30/1962**

4. FEI Number: **59-6553141**
Applied For: Not Applicable:

2. Principal Place of Business: 21
2a. Mailing Address: 26

5. Certificate of Status Desired: \$8.75 Additional Fee Required

Suite, Apt. #, etc.: 22
Suite, Apt. #, etc.: 27

6. Election Campaign Financing: \$5.00 May Be Added to Fees

City & State: 23
City & State: 28

7. Is this nonprofit corporation a homeowners association? Yes No

Zip: 24
Country: 25
Zip: 29
Country: 30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**CARLSEN, HARRY A.
2533 WRENCREST
VALRICO FL 33594**

10. Name and Address of New Registered Agent
81 Name: **Roepken, Steven**
82 Street Address (P.O. Box Number is Not Acceptable): **506 FINGER LAKE PLACE**
83
84 City: **BR. SEFFNER** FL 85 Zip Code: **33584**

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: *[Signature]* **Stephen F. Roepken** DATE: **01-25-98**
*Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
T NAME: SAUNDERS, STEVE STREET ADDRESS: 305 SUZETTE DR CITY-ST-ZIP: BRANDON FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME: HARVEY, Keith 1.3 STREET ADDRESS: 1307 Brentwood Hills Blvd 1.4 CITY-ST-ZIP: BRADLAW, FL 33511
D NAME: LAUVE, JAYNE STREET ADDRESS: 1410 QUEENSBURY AVE. CITY-ST-ZIP: VALRICO FL 33594	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME: HORNE, William 2.3 STREET ADDRESS: 3004 STARKMOUNT DR 2.4 CITY-ST-ZIP: VALRICO FL 33594
T NAME: DIODATE, DAVID STREET ADDRESS: 1204 SANDELWOOD DR. CITY-ST-ZIP: PLANT CITY FL 33564	<input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:
D NAME: JOHNSON, KAREN STREET ADDRESS: 3125 BLOOMINGDALE VILLAS CITY-ST-ZIP: BRANDON FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:
T NAME: BEISECKER, RON STREET ADDRESS: 2405 OAK LANDING CITY-ST-ZIP: BRANDON FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME: Boehm, Anne 5.3 STREET ADDRESS: 2508 Laurelwood LN 5.4 CITY-ST-ZIP: VALRICO, FL 33594
D NAME: ROEPKEN, STEVEN STREET ADDRESS: 505 FINGER LAKE PLACE CITY-ST-ZIP: SEFFNER FL	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: Boehm, Anne 6.3 STREET ADDRESS: 2508 Laurelwood LN 6.4 CITY-ST-ZIP: VALRICO, FL 33594

14. 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 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]* **01/25/98 813-754-9571**

CR2E037 (10/97)