

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90021 032 \*\*\*\*61.25

0047723

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 703812**

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
--	--

DEPARTMENT OF STATE



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/30/1962
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6553141
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**ROEPHN, STEVEN**  
**506 FINGER LN PLACE**  
**SEFFNER FL 33584**

10. Name and Address of New Registered Agent

81 Name <b>Beischer, Ron</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>2208 OAK CLIFF COURT</b>	
83 <b>VALRICO, FL 33594</b>	
84 City <b>FL</b>	85 Zip Code

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: *Ron Beischer* DATE: 1/10/99  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>HARVEY, KEITH</b>	
STREET ADDRESS <b>1307 BRENTWOOD HILLS BLVD</b>	
CITY-ST-ZIP <b>BRADENTON FL 33511</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>HORNE, WILLIAM</b>	
STREET ADDRESS <b>3004 STARMOUNT DR</b>	
CITY-ST-ZIP <b>VALRICO FL 33594</b>	
TITLE <b>T</b>	<input type="checkbox"/> DELETE
NAME <b>DIODATE, DAVID</b>	
STREET ADDRESS <b>1204 SANDELWOOD DR.</b>	
CITY-ST-ZIP <b>PLANT CITY FL 33564</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>JOHNSON, KAREN</b>	
STREET ADDRESS <b>3125 BLOOMINGDALE VILLAS</b>	
CITY-ST-ZIP <b>BRANDON FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>BOEHN, ANNE</b>	
STREET ADDRESS <b>2508 LAURELWOOD LN</b>	
CITY-ST-ZIP <b>VALRICO FL 33594</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>RUEPKEN, STEVEN</b>	
STREET ADDRESS <b>505 FINGER LAKE PLACE</b>	
CITY-ST-ZIP <b>SEFFNER FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>NORM CHUBBS</b>	
1.3 STREET ADDRESS <b>140 MORROW CIRCLE</b>	
1.4 CITY-ST-ZIP <b>BRANDON FL 33510</b>	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Ron Beischer* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 DATE: 1/10/99 DAYTIME PHONE #: 813-754-9571

CR2E037 (11/98)