


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2004 8:00 am**  
**Secretary of State**

01-14-2004 90001 032 \*\*\*\*61.25

**DOCUMENT # 703812**

1. Entity Name  
**APOSTLES LUTHERAN CHURCH OF BRANDON, FLORIDA, INC.**




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  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



01052004 Chg-NP CR2E037 (10/03)

4. FEI Number **04-3705098**  
~~59-6559441~~ Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BEISECKER, RONALD L**  
**2208 OAK CLIFF COURT**  
**VALRICO, FL 33594**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BEILER, JASON	
STREET ADDRESS	1104 DEXWELL COURT	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ZWYGART, SANDIE	
STREET ADDRESS	2203 SW. WATERMAN DR.	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	T	<input type="checkbox"/> Delete
NAME	RUNGE, DANIEL	
STREET ADDRESS	5116 SYLVAN OAKS DR.	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DIXON, KAREN	
STREET ADDRESS	1106 LONDONWOOD ST.	
CITY-ST-ZIP	BRANDON, FL 33510	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ZWYGART, SANDIE	
STREET ADDRESS	2203 S WATERMAN DRIVE	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES. PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BREDBENNER, CHRIS	
STREET ADDRESS	725 JUNE LAKE LANE	
CITY-ST-ZIP	BRANDON, FL 33510 - 2983	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMADEN, TODD C	
STREET ADDRESS	1602 OAKMONT DR	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** Daniel W. Runge **DANIEL W RUNGE** 1/12/04 (83)657 3966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #