


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90263 007 ****70.00

DOCUMENT # 703812					
1. Entity Name APOSTLES LUTHERAN CHURCH OF BRANDON, FLORIDA, INC.					
Principal Place of Business 200 KINGSWAY ROAD BRANDON, FL 33510		Mailing Address 200 KINGSWAY ROAD BRANDON, FL 33510			
2. Principal Place of Business		3. Mailing Address <i>SAME</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 04-3705098	
Zip		Country <i>HILLSBOROUGH</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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			Applied For		
Street Address (P.O. Box Number is Not Acceptable)			Not Applicable		
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 <i>Ronald L. Beisecker</i>		DATE <i>01-11-06</i>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREDDENNER, CHRIS		NAME		
STREET ADDRESS	725 JUNE LAKE LN		STREET ADDRESS		
CITY-ST-ZIP	BRANDON, FL 33510		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIBERT, ROBERTA		NAME		
STREET ADDRESS	621 STONE DR		STREET ADDRESS		
CITY-ST-ZIP	BRANDON, FL 33510		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUNGE, DANIEL		NAME		
STREET ADDRESS	5116 SYLVAN OAKS DR.		STREET ADDRESS		
CITY-ST-ZIP	VALRICO, FL 33594		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERG, DAVID L		NAME	BERG, DAVID L	
STREET ADDRESS	3804 SCOVILL RD		STREET ADDRESS	3804 SCOVILL RD	
CITY-ST-ZIP	VALRICO, FL 335947198		CITY-ST-ZIP	VALRICO, FL 335947198	
TITLE		<input type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	VALLERT, JUDY	
STREET ADDRESS			STREET ADDRESS	955 SANDYWOOD DR	
CITY-ST-ZIP			CITY-ST-ZIP	BRANDON, FL 33511	
TITLE		<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	McNAIR, HOWARD	
STREET ADDRESS			STREET ADDRESS	1850 PROVIDENCE LAKE BLVD	
CITY-ST-ZIP			CITY-ST-ZIP	BRANDON, FL 33511	
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: <i>Daniel Runge</i>			Date <i>1/11/06</i> (813) 657 3966		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		