

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 25 1996 8:00 am
Secretary of State

DOCUMENT # 755423 (1)
1. Corporation Name
IMMANUEL LUTHERAN CHURCH OF BRANDON, FLORIDA, INC.



Principal Place of Business: 2913 SO. JOHN MOORE ROAD BRANDON FL 33511
Mailing Address: 2913 SO. JOHN MOORE ROAD BRANDON FL 33511

3. Date Incorporated or Qualified: **12/08/1980**
3a. Date of Last Report: **03/08/1995**
4. FEI Number: **59-1295945**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 27
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBINSON, ROGER REV. (SENIOR PASTOR)
~~1901 WHITE CEDAR WAY~~ **2930 GOLF LAKE DR.**
~~BRANDON FL 33511~~ **PLANT CITY, FL. 33567**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	RUSS, KENT	
STREET ADDRESS	512 E. BRENTRIDGE	
CITY-ST-ZIP	BRANDON FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DIGNUM, DALE	
STREET ADDRESS	2511 MASON OAKS DR.	
CITY-ST-ZIP	YALRICO FL 33594	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SZCZESNY, ROBERT	
STREET ADDRESS	2913 S. JOHN MOORE RD.	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	AMD	<input type="checkbox"/> DELETE
NAME	MORESCO, ANGELA	
STREET ADDRESS	3636 WOODHILL DRIVE	
CITY-ST-ZIP	BRANDON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
5.2 NAME	Sec 10
5.3 STREET ADDRESS	Jill Wedell
5.4 CITY-ST-ZIP	5708 Erhardt Drive
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Angela L. Moreco

4/16/96

(813) 689-1787

Date Daytime Phone #

CR2E037 (12/95)

4/25/96