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Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 755423 (1)

1. Corporation Name
IMMANUEL LUTHERAN CHURCH OF BRANDON, FLORIDA, INC.



Principal Place of Business Mailing Address
2913 SO. JOHN MOORE ROAD BRANDON FL 33511 **2913 SO. JOHN MOORE ROAD BRANDON FL 33511-7139**

3. Date Incorporated or Qualified **12/08/1980** 3a. Date of Last Report **04/25/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1295945	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt #, etc	26. Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip Country	28. Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. Zip Country	29. Zip Country		

9. Name and Address of Current Registered Agent
ROBINSON, ROGER REV. (SENIOR PASTOR)
2730 GOLF LAKE DR.
PLANT CITY FL 33567

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City **FL** 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 _____ (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	SD	<input checked="" type="checkbox"/> DELETE
NAME	WEDELL, JILL	
STREET ADDRESS	5708 ERHARDT DRIVE	
CITY-ST-ZIP	RIVERVIEW FL	
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	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	NORMA PERSON
5.3 STREET ADDRESS	3019 COLONIAL RIDGE DR.
5.4 CITY-ST-ZIP	BRANDON FL 33511
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 do hereby certify that the information stipulated with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, changed, or on an attachment with an address

SIGNATURE: *Angela G. Moresco* **ANGELA G. MORESCO** 3/11/97 813/689-1787
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0045492**

CR2E037 (9/96)