


FILE NOW: FILING FEE IS \$61.25

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Jun 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **755423** (1)  
1. Corporation Name  
**IMMANUEL LUTHERAN CHURCH OF BRANDON, FLORIDA, INC.**



Principal Place of Business <b>2913 SO. JOHN MOORE ROAD BRANDON FL 33511</b>	Mailing Address <b>2913 SO. JOHN MOORE ROAD BRANDON FL 33511</b>
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3. Date Incorporated or Qualified <b>12/08/1980</b>	
4. FEI Number <b>59-1295945</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country
25	30

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	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 <b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>RUSS, KENT</b>	
STREET ADDRESS <b>512 E. BRENTRIDGE</b>	
CITY-ST-ZIP <b>BRANDON FL</b>	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE
NAME <b>DIGNUM, DALE</b>	
STREET ADDRESS <b>2511 MASON OAKS DR.</b>	
CITY-ST-ZIP <b>VALRICO FL 33594</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>SZCZESNY, ROBERT</b>	
STREET ADDRESS <b>2913 S. JOHN MOORE RD.</b>	
CITY-ST-ZIP <b>BRANDON FL 33511</b>	
TITLE <b>AMD</b>	<input type="checkbox"/> DELETE
NAME <b>MORESCO, ANGELA</b>	
STREET ADDRESS <b>3836 WOODHILL DRIVE</b>	
CITY-ST-ZIP <b>BRANDON FL</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>PERSON, NORMA</b>	
STREET ADDRESS <b>3019 COLONIAL RIDGE DR</b>	
CITY-ST-ZIP <b>BRANDON FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIGNUM, DALE - P</b>
STREET ADDRESS	<b>2511 MASON OAKS DR.</b>
CITY-ST-ZIP	<b>VALRICO, FL. 33594</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHEEK, JOEY - VP</b>
STREET ADDRESS	<b>2727 ST. CLOUD OAKS</b>
CITY-ST-ZIP	<b>VALRICO, FL. 33594</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAME</b>
STREET ADDRESS	
CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAME</b>
STREET ADDRESS	
CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SD PLUMB, FAITH -</b>
STREET ADDRESS	<b>1909 COCO MEADOW CIR #306</b>
CITY-ST-ZIP	<b>BRANDON FL 33511</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE: \_\_\_\_\_ **5/18/98**

CR2E037 (10/97)