## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 755423** 

FILED Feb 21, 2006 Secretary of State

Entity Name: IMMANUEL LUTHERAN CHURCH OF BRANDON, FLORIDA, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	JOHN MOOR N, FL 33511	E ROAD			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	JOHN MOOR N, FL 33511	E ROAD			
FEI Number	: 59-1295945	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of	Current Registered Agent:	Name and Address o	f New Registered Agent:	
1418 NEW BRANDOI	,	IVE US	ourpose of changing its registere	d office or registered agent, or both,	
	e of Florida.				
SIGNATU		nic Signature of Registered Age	ent	 Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	ANTON, WILL	IPARK COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HESSEMER, I	IGTON AVENUE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T ( LEVI, JIM TRI 106 BARRING BRANDON, FL	TON DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AMD ( MORESCO, A 3636 WOODH BRANDON, FL	IILL DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	RSD ( JOHNSON, DO 2728 BUCKHO VALRICO, FL	DRN OAKS	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	FSD ( DAVIS, IRENE 1304 ROCKW BRANDON, FL	OOD DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA G. MORESCO AMD 02/21/2006