

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Jul 10, 2003 8:00 am
Secretary of State

07-10-2003 90110 039 ****61.25

0011820

DOCUMENT # 755423

1. Entity Name
IMMANUEL LUTHERAN CHURCH OF BRANDON, FLORIDA, IN C.



Principal Place of Business
**2913 SO. JOHN MOORE ROAD
BRANDON FL 33511**

Mailing Address
**2913 SO. JOHN MOORE ROAD
BRANDON FL 33511**

00111000



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country

4. FEI Number **59-1295945**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**FARNSWORTH, KENNETH W
1418 NEW BRITAIN DRIVE
BRANDON FL 33511**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	Delete
NAME	CREEK, JOEY	
STREET ADDRESS	2727 ST CLOUD OAKS	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALEXANDER, BRIAN	
STREET ADDRESS	3121 S MILLER RD	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DIGNUM, DALE	
STREET ADDRESS	2511 MASON OAKS DR	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	AMD	<input type="checkbox"/> Delete
NAME	MORESCO, ANGELA	
STREET ADDRESS	3636 WOODHILL DRIVE	
CITY-ST-ZIP	BRANDON FL	
TITLE	RSD	<input type="checkbox"/> Delete
NAME	PLUMB, FAITH	
STREET ADDRESS	3017 PARTRIDGE POINT TR	
CITY-ST-ZIP	VALRICO FL 33511	
TITLE	FSD	<input type="checkbox"/> Delete
NAME	DAVIS, IRENE	
STREET ADDRESS	1304 ROCKWOOD DR	
CITY-ST-ZIP	BRANDON FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIAN ALEXANDER	
STREET ADDRESS	3121 S. MILLER RD.	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILL ANTON	
STREET ADDRESS	5909 FALCONPARK CT.	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM LEVI	
STREET ADDRESS	106 BARRINGTON DRIVE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	RSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETH KELA	
STREET ADDRESS	2236 VILLAGE CT.	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 empowerments.

SIGNATURE: *Angela Moresco* **ANGELA G. MORESCO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OPERATIONS 7/8/03 813-689-1787
Day Daytime Phone #

CR2E037 (4/03)