


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90068 039 \*\*\*\*61.25

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| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>                                      |  |  |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # 764234</b>   |  |   |  |  |  |
| 1. Corporation Name<br><b>LUTHERAN SERVICES FLORIDA, INC.</b>                        |  |   |  |  |  |
| Principal Place of Business<br>3307 FRONTAGE RD<br>SUITE 350<br>TAMPA FL 33607<br>US |  |   | Mailing Address<br>3307 FRONTAGE RD<br>SUITE 350<br>TAMPA FL 33607<br>US |  |  |



|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 2. Principal Place of Business<br>21 2700 W Dr MLK Blvd.<br>Suite, Apt. #, etc.<br>22 3rd floor<br>City & State<br>23 Tampa, Florida<br>Zip Country<br>24 33607 25 |  | 2a. Mailing Address<br>26 2700 W Dr MLK Blvd<br>Suite, Apt. #, etc.<br>27 3rd Floor<br>City & State<br>28 Tampa, Florida<br>Zip Country<br>29 33607 30 |  | 3. Date Incorporated or Qualified<br>07/21/1982<br>4. FEI Number<br>59-2198911<br>Applied For Not Applicable<br>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
|--|--|--|--|---|--|

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent<br>NUECHTERLEIN, MICHAEL F<br>CARLTON FIELDS<br>ONE HARBOUR PLACE<br>TAMPA FL 33602 |  |  |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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   |                                  | 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   | DOCT                             | <input type="checkbox"/> DELETE   |  |  |  |      |  |
| NAME  | GALL, DONALD                     |   |  |  |  |      |  |
| STREET ADDRESS  | 3307 FRONTAGE RD #350            |   |  |  |  |      |  |
| CITY-ST-ZIP   | TAMPA FL 33607                   |   |  |  |  |      |  |
| TITLE   | DC                               | <input type="checkbox"/> DELETE   |  |  |  |      |  |
| NAME  | FRERKING, THE REV JOHN           |   |  |  |  |      |  |
| STREET ADDRESS  | 3307 FRONTAGE RD #350            |   |  |  |  |      |  |
| CITY-ST-ZIP   | TAMPA FL 33607                   |   |  |  |  |      |  |
| TITLE   | DS                               | <input type="checkbox"/> DELETE   |  |  |  |      |  |
| NAME  | BOWLES, MARGRET                  |   |  |  |  |      |  |
| STREET ADDRESS  | 3307 FRONTAGE RD #350            |   |  |  |  |      |  |
| CITY-ST-ZIP   | TAMPA FL 33607                   |   |  |  |  |      |  |
| 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   | Director, Treasurer              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |  |      |  |
| 1.2 NAME  | 2700 W. Dr. MLK Blvd. 3rd Floor  |   |  |  |  |      |  |
| 1.3 STREET ADDRESS                                    | Tampa, Florida 33607             |   |  |  |  |      |  |
| 1.4 CITY-ST-ZIP                                       |                                  |   |  |  |  |      |  |
| 2.1 TITLE   |                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |  |      |  |
| 2.2 NAME  | 2700 W. Dr. MLK Blvd., 3rd Floor |   |  |  |  |      |  |
| 2.3 STREET ADDRESS                                    | Tampa, Florida 33607             |   |  |  |  |      |  |
| 2.4 CITY-ST-ZIP                                       |                                  |   |  |  |  |      |  |
| 3.1 TITLE   | Vice-Chair                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |  |      |  |
| 3.2 NAME  | 2700 W. Dr. MLK Blvd., 3rd Floor |   |  |  |  |      |  |
| 3.3 STREET ADDRESS                                    | Tampa, Florida 33607             |   |  |  |  |      |  |
| 3.4 CITY-ST-ZIP                                       |                                  |   |  |  |  |      |  |
| 4.1 TITLE   | Director, Secretary              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |  |  |      |  |
| 4.2 NAME  | Rev. Clarence Caldwell           |   |  |  |  |      |  |
| 4.3 STREET ADDRESS                                    | 2700 W. Dr. MLK Blvd., 3rd Floor |   |  |  |  |      |  |
| 4.4 CITY-ST-ZIP                                       | Tampa, Florida 33607             |   |  |  |  |      |  |
| 5.1 TITLE   |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition             |  |  |  |      |  |
| 5.2 NAME  |                                  |   |  |  |  |      |  |
| 5.3 STREET ADDRESS                                    |                                  |   |  |  |  |      |  |
| 5.4 CITY-ST-ZIP                                       |                                  |   |  |  |  |      |  |
| 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 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, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED

1/22/99

Date Daytime Phone #

CR2E037 (11/98)