2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 31, 2011
Secretary of State

DOCUMENT# 764234

Entity Name: LUTHERAN SERVICES FLORIDA, INC.

Current Principal Place of Business:

3627A WEST WATERS AVENUE
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

3627A WEST WATERS AVENUE
TAMPA, FL 33614 US

New Mailing Address:

FEI Number: 59-2198911 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CFRA, LLC
100 S. ASHLEY DR.
SUITE 400
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DS
Name: GUSDAL, DELMAR REV.
Address: 3627A WEST WATERS AVENUE
City-St-Zip: TAMPA, FL 33614

Title: DT
Name: TOCKLIN, ADRIAN
Address: 3627A WEST WATERS AVENUE
City-St-Zip: TAMPA, FL 33614

Title: DC
Name: PALZER, JACK REV.
Address: 3627A WEST WATERS AVENUE
City-St-Zip: TAMPA, FL 33614

Title: DVC
Name: JIM, GUELZOW REV.
Address: 3627A WEST WATERS AVENUE
City-St-Zip: TAMPA, FL 33614

Title: PCEO
Name: SIPES, SAMUEL M
Address: 3627A WEST WATERS AVENUE
City-St-Zip: TAMPA, FL 33614

I hereby 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 all other like empowered.

SIGNATURE: SAMUEL M. SIPES PCEO 08/31/2011

Electronic Signature of Signing Officer or Director Date