

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 764234

**Entity Name:** LUTHERAN SERVICES FLORIDA, INC.**Current Principal Place of Business:**3627A WEST WATERS AVENUE  
TAMPA, FL 33614**Current Mailing Address:**3627A WEST WATERS AVENUE  
TAMPA, FL 33614 US**FEI Number:** 59-2198911**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CF REGISTERED AGENT, INC.  
100 S. ASHLEY DRIVE  
SUITE 400  
TAMPA, FL 33602 US*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

**Officer/Director Detail :**

Title	DS
Name	HORNE, WILLIAM
Address	3627A WEST WATERS AVENUE
City-State-Zip:	TAMPA FL 33614

Title	DT
Name	BAUDER, JOHN
Address	3627A WEST WATERS AVENUE
City-State-Zip:	TAMPA FL 33614

Title	DC
Name	HAUEISEN, WILLIAM
Address	3627A WEST WATERS AVENUE
City-State-Zip:	TAMPA FL 33614

Title	DVC
Name	MARC-CHARLES, LAUREL
Address	3627A WEST WATERS AVENUE
City-State-Zip:	TAMPA FL 33614

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

Title	VP OF FINANCE
Name	SEERAJ, MICHAEL
Address	3627A WEST WATERS AVENUE
City-State-Zip:	TAMPA FL 33614

Title	PRESIDENT AND COO
Name	CARD, CHRISTOPHER PHD
Address	3627A WEST WATERS AVENUE
City-State-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****DIRECTOR****01/04/2016**

Electronic Signature of Signing Officer/Director Detail

Date