

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764234

FILED
Jan 05, 2015
Secretary of State
CC5399794629

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:

CFRA, LLC
100 S. ASHLEY DR.
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 SCOMA, CARMEN
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 PCEO
Name SIPES, SAMUEL M
Address 3627A WEST WATERS AVENUE
City-State-Zip: TAMPA FL 33614

Title EXECUTIVE VP OF FINANCE AND
ADMINISTRATION/CFO
Name WALLACE, GEORGE
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 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

CEO

01/05/2015

Electronic Signature of Signing Officer/Director Detail

Date