

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764234

Entity Name: LUTHERAN SERVICES FLORIDA, INC.**Current Principal Place of Business:**3627 WEST WATERS AVENUE
TAMPA, FL 33614**Current Mailing Address:**3627 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	DC
Name	HORNE, WILLIAM
Address	3627 WEST WATERS AVENUE
City-State-Zip:	TAMPA FL 33614

Title	DT
Name	BATSON, ALONZO
Address	3627 WEST WATERS AVENUE
City-State-Zip:	TAMPA FL 33614

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

Title	DVC
Name	KRAEGEL, FRED
Address	3627 WEST WATERS AVENUE
City-State-Zip:	TAMPA FL 33614

Title	CEO
Name	SIPES, SAMUE M
Address	3627 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 SIPES

CEO

01/13/2020

Electronic Signature of Signing Officer/Director Detail_____
Date