

**2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:**

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

*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

**PRESIDENT/CEO**

**12/06/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date