# 2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 764234** 

Entity Name: LUTHERAN SERVICES FLORIDA, INC.

FILED Feb 02, 2016 Secretary of State CC8372261754

#### **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: No

### 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 Title DT

Name HORNE, WILLIAM Name BAUDER, JOHN

Address 3627A WEST WATERS AVENUE Address 3627A WEST WATERS AVENUE

City-State-Zip: TAMPA FL 33614 City-State-Zip: TAMPA FL 33614

Title DC Title DVC

Name HAUEISEN, WILLIAM Name MARC-CHARLES, LAUREL
Address 3627A WEST WATERS AVENUE Address 3627A WEST WATERS AVENUE

City-State-Zip: TAMPA FL 33614 City-State-Zip: TAMPA FL 33614

Title CEO Title PRESIDENT AND COO

Name SIPES, SAMUEL M Name CARD, CHRISTOPHER PHD

Address 3627A WEST WATERS AVENUE Address 3627A WEST WATERS AVENUE

City-State-Zip: TAMPA FL 33614 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.