

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000001538

**FILED**  
**Feb 07, 2017**  
**Secretary of State**  
**CC7200040271**

**Entity Name:** WISCONSIN LUTHERAN CHILD & FAMILY SERVICES, INC.

**Current Principal Place of Business:**

W175 N11120 STONEWOOD DRIVE  
GERMANTOWN, WI 53022

**Current Mailing Address:**

W175 N11120 STONEWOOD DRIVE  
GERMANTOWN, WI 53022

**FEI Number: 39-1047224**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LONG, JEREMY  
870 HOLLYWOOD BLVD  
WEST MELBOURNE, FL 32904 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 PC  
Name KLEIST, JAMES  
Address 8988 WOODBRIDGE DRIVE  
City-State-Zip: GREENDALE WI 53129-1084

Title VC  
Name BURROW, MATT  
Address 500 WHITETAIL CIRCLE  
City-State-Zip: SLINGER WI 53086-9278

Title D  
Name HANSON, JODY  
Address 3385 COUNTRY AIRE DRIVE  
City-State-Zip: CEDARBURG WI 53012-9217

Title SD  
Name HACKENDORF, ALLEN  
Address 314 GRAND AVENUE  
City-State-Zip: THIENSVILLE WI 53092-1306

Title TREASURER  
Name SCHERMERHORN, THOMAS  
Address 31 CAMBRIDGE COURT  
City-State-Zip: FOND DU LAC WI 54935

Title DIRECTOR  
Name MICHEL, BRAD  
Address W143N9807 RIDGEWOOD LANE  
City-State-Zip: GERMANTOWN WI 53022

Title DIRECTOR  
Name SEELOW, JEFFREY PASTOR  
Address 500 EAST ORCHARD BEACH LANE  
City-State-Zip: RICE LAKE WI 53018

Title DIRECTOR  
Name SCHUPMANN, PHILIP PASTOR  
Address 1910 RICHARD STREET  
City-State-Zip: AURORA IL 60506

**Continues on page 2**

*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: MARK KLUG**

**CEO**

**02/07/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title CEO  
Name KLUG, MARK  
Address W175 N11120 STONEWOOD DRIVE  
City-State-Zip: GERMANTOWN WI 53022