

2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000001538

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

FILED
Feb 17, 2022
Secretary of State
7878582763CC

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

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

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

Title SECRETARY
Name FRITSCH, DAVID
Address 8237 VIRGINIA CIRCLE
City-State-Zip: WIND LAKE WI 53185-1380

Title DIRECTOR
Name WINTER, ROD
Address S24W33363 SUTTON RIDGE COURT
City-State-Zip: DOUSMAN WI 53118-9459

Title DIRECTOR
Name BUSKE, JAMES
Address 11221 W SANCTUARY DR
City-State-Zip: MILWAUKEE WI 53224

Title DIRECTOR
Name MATTEK, JEREMY
Address N1065 JULIUS DRIVE
City-State-Zip: GREENVILLE WI 54942-8613

Title TREASURER
Name OTT, ANDY
Address 1160 GOLDEN FIELD ROAD
City-State-Zip: NEENAH WI 54956-5685

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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: BRAD MICHEL

PRESIDENT

02/17/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SPREWER, SHAWN
Address 4347 N 74TH STREET
City-State-Zip: MILWAUKEE WI 53216