FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB -6 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **704355** (7)

1. Corporation Name

LUTHERAN SERVICES FOR THE ELDERLY INC

Principal Place of Business	Mailing Address
201 CURTISS PARKWAY MIAMI SPRINGS FL 33166-5291	201 CURTISS PARKWAY MIAMI SPRINGS FL 33166-5291

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/31/1962
3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-0976810 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

9. Name and Address of Current Registered Agent

COLE, WILLIAM D.
201 CURTISS PARKWAY
MIAMI SPRINGS FL 33166

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TV	1.1 TITLE	T ☐ Change ☒ Addition
NAME	SHAFER, JAMES E	1.2 NAME	HAMRE, DAVID R.
STREET ADDRESS	201 CURTISS PARKWAY	1.3 STREET ADDRESS	201 Curtiss Parkway
CITY-ST-ZIP	MIAMI SPRINGS FL 33166-5291	1.4 CITY-ST-ZIP	Miami Springs, FL 33166-5291
TITLE	TP	2.1 TITLE	TP ☒ Change ☐ Addition
NAME	JACOBSON, LEON	2.2 NAME	SCHAFER, M.C.
STREET ADDRESS	201 CURTISS PARKWAY	2.3 STREET ADDRESS	201 Curtiss Parkway
CITY-ST-ZIP	MIAMI SPRINGS FL 33166-5291	2.4 CITY-ST-ZIP	Miami Springs, FL 33166-5291
TITLE	TS	3.1 TITLE	T ☐ Change ☒ Addition
NAME	TRAVER, NANCY	3.2 NAME	GRAFF, JOHN D.
STREET ADDRESS	201 CURTISS PKWY	3.3 STREET ADDRESS	201 Curtiss parkway
CITY-ST-ZIP	MIAMI SPRINGS FL 33166-5291	3.4 CITY-ST-ZIP	Miami Springs, FL 33166-5291
TITLE	TT	4.1 TITLE	T ☐ Change ☒ Addition
NAME	WINDHORST, KENT A.	4.2 NAME	MCGREGOR, MARIELENE
STREET ADDRESS	201 CURTISS PKWY	4.3 STREET ADDRESS	201 Curtiss Parkway
CITY-ST-ZIP	MIAMI SPRINGS FL 33166-5291	4.4 CITY-ST-ZIP	Miami Springs, FL 33166-5291
TITLE	T	5.1 TITLE	T ☒ Change ☐ Addition
NAME	BERG, KENNETH M	5.2 NAME	ARMBRUST, DONALD
STREET ADDRESS	201 CURTISS PKWY	5.3 STREET ADDRESS	201 Curtiss Pkwy
CITY-ST-ZIP	MIAMI SPRINGS FL 33166-5291	5.4 CITY-ST-ZIP	Miami Springs, FL 33166-5291
TITLE	T	6.1 TITLE	T ☐ Change ☒ Addition
NAME	BICKFORD, IRV	6.2 NAME	THIELE, JONATHAN K.
STREET ADDRESS	201 CURTISS PARKWAY	6.3 STREET ADDRESS	201 Curtiss Parkway
CITY-ST-ZIP	MIAMI SPRINGS FL 33166-5291	6.4 CITY-ST-ZIP	Miami Springs, FL 33166-5291

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M.C. Schafer 01/25/95 (305) 432-2242
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

6043637