FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # 704355

1. Corporation Name

LUTHERAN SERVICES FOR THE ELDERLY, INC.

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

201 CURTISS PARKWAY MIAMI SPRINGS FL 33166-5291

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90106 010 ****70.00

1 104252 90106 10 2

3. Date Incorporated or Qualifed

07/31/1962

59-0976810

4. FEI Number



Ø

City & State)	City & State			5. Certificate of Status Desired	Fee Req	I	
23	·	28				_ _		
Zip	Country	Zip	Country	,	6. Election Campaign Financing	\$5.00 N	-	
24	25	29 30			Trust Fund Contribution Added to Fees			
	9. Name and Address of Current F	Registered Agent		10. Name and Address of New Registered Agent				
1 ~		•	81	Name				
COLE, WILLIAM D.				Street	Address (P.O. Box Number is Not Acceptable)			
201 CURTISS PARKWAY								
MIAMI SPRINGS FL 33166								
MINIMI	##GG 1 L 33 100		84	City		85 Zip Co	nde de	
•			**	City	FL	ا ا		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.								
agent. I am familiar with, and accept the obligations of, Section 617,0000, Fibrida Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND		S IN 12	
TITLE	T	☐ DELETE	1.1 TITLE	_	Tr		☐ Addition	
NAME	MCGREGOR, MARIELENE		1.2 NAME		MCGREGOR, MARIELENE			
STREET ADDRESS	Allerando Biología			T ADDRESS	·			
CITY-ST-ZIP	MIAMI SPRINGS FL		1.4 CITY-8	T-ZIP	MIAMI SPRINGS, FL 33166-	5291		
TITLE	П	☐ DELETÉ	2.1 TITLE		C/Tr	Change	☐ Addition	
NAME	SCHAFER, M.C.		2.2 NAME		SCHAFER, M.C.			
STREET ADDRESS	201 CURTISS PARKWAY		2.3 STREE	TADDRESS	SCHAPER, H.O.	•		
CITY-ST-ZIP-	MIAMI SPRINGS FL	'	2, 4 CITY-	ST-ZIP	MIAMI SPRINGS, FL 33166-	5 <u>291 -</u>		
TITLE	TV	☐ DELETE	3.1 TITLE		NC /m-	Change	☐ Addition	
NAME	OTTO, REV RAY		3.2 NAME		VC/Tr		İ	
STREET ADDRESS	201 CURTISS PARKWAY		3.3 STREE	TADDRESS	OTTO, REV. RAY		.	
CITY-ST-Z/P	MIAMI SPRINGS FL		3.4, CITY-	ST-ZIP	MIAMI SPRINGS, FL 33166-	<u> 5291 </u>		
TITLE	T	☐ DELETE	4.1 TITLE		S/Tr	Change	☐ Addition	
NAME	SANCHEZ, DEL VALLE J		4. 2 NAME		SANCHEZ, DEL VALLE J.			
STREET ADDRESS	201 CURTISS PKWY		4.3 STREE	TADDRESS	SANCHEZ, DEL VELLE O.			
CITY-ST-ZIP	MIAMI SPRINGS FL 33166-5291		4.4 CITY-5	ST-ZIP	14 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
TITLE	TS	☐ DELETE	5.1 TITLE		Tr	☐ X Change	Addition	
NAME :	LANDIN, ARLENE REV.		5.2 NAME		[ĺ	
STREET ADDRESS	201 CURTISS PKWY	,	5.3 STREE	T ADDRESS	LANDIN, ARLENE REV.	:		
CITY-ST-ZIP	MIAMI SPRINGS FL		5.4 CITY-5	ST-ZIP	MIAMI SPRINGS, FL 33166-	-5291		
TITLE	T	X XIX ELETE	6.1 TTLE		T/Tr	☐ Change	∑ Addition	
NAME	MUELLER, DAVID REV.		6.2 NAME		WINDHORST, PETE	. ,		
5	201 CURTISS PARKWAY		6.3 STREE	T ADDRESS	· ·			
CITY OT ZID	MAM CODINGS EI		6.4 CITY-5		MIAMI SPRINGS, FL 33166	-5291		
14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information								

empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in address, with all exher like empowered. indicated on this annual report or

SIGNATURE:

(954): 432-2242

Applied For

Not Applicable \$8.75 Additional