


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 704355	
1. Entity Name LUTHERAN SERVICES FOR THE ELDERLY, INC.	

Principal Place of Business 9999 N.E. 2ND AVENUE SUITE 216 MIAMI SHORES FL 33138	Mailing Address 9999 N.E. 2ND AVENUE SUITE 216 MIAMI SHORES FL 33138
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent	
JONES, STEVEN L 9999 NE SECOND AVENUE STE 216 MIAMI FL 33138	

4. FEI Number 59-0976810	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	PT <input type="checkbox"/> Delete
NAME	JONES, STEVEN L
STREET ADDRESS	9999 NE 2ND AVENUE, SUITE 216
CITY-ST-ZIP	MIAMI SHORES FL 33138
TITLE	VT <input type="checkbox"/> Delete
NAME	GUSDAL, DELMAR
STREET ADDRESS	9999 NE 2ND AVENUE, SUITE 216
CITY-ST-ZIP	MIAMI SHORES FL 33138
TITLE	STT <input type="checkbox"/> Delete
NAME	COLE, WILLIAM D
STREET ADDRESS	9999 NE 2ND AVENUE, SUITE 216
CITY-ST-ZIP	MIAMI SHORES FL 33138
TITLE	<input type="checkbox"/> Delete
NAME	SCHAFER, M.C.
STREET ADDRESS	1350 NW 122 AVENUE
CITY-ST-ZIP	PEMBROKE PINES FL 33026
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000075616
STREET ADDRESS	03/03/04-80067-012 70.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby 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 indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Steven L. Jones, President 3/1/04 (305) 757-1851**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**