2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# 704355

Entity Name: LUTHERAN SERVICES FOR THE ELDERLY, INC.

Current Principal Place of Business:

9999 N.E. 2ND AVENUE
SUITE 216
MIAMI SHORES, FL 33138

New Principal Place of Business:

Current Mailing Address:

9999 N.E. 2ND AVENUE
SUITE 216
MIAMI SHORES, FL 33138

New Mailing Address:

FEI Number: 59-0976810 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, STEVEN L
9999 NE SECOND AVENUE STE 216
MIAMI, FL 33138 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: JONES, STEVEN L
Address: 9999 NE 2ND AVENUE, SUITE 216
City-St-Zip: MIAMI SHORES, FL 33138

Title: VT ( ) Delete
Name: GUSDAL, DELMAR
Address: 9999 NE 2ND AVENUE, SUITE 216
City-St-Zip: MIAMI SHORES, FL 33138

Title: STT ( ) Delete
Name: COLE, WILLIAM D
Address: 9999 NE 2ND AVENUE, SUITE 216
City-St-Zip: MIAMI SHORES, FL 33138

Title: T ( ) Delete
Name: SCHAFER, M.C.
Address: 1350 NW 122 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEVEN L. JONES P 04/29/2008

Electronic Signature of Signing Officer or Director — Date