

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90039 029 \*\*\*\*61.25

**DOCUMENT # 711219**

**1. Entity Name**

**LUTHERAN RESIDENCES, INC.**



**Principal Place of Business**

**550 FIRST AVE SOUTH  
ST PETERSBURG FL 33701**

**Mailing Address**

**550 FIRST AVE SOUTH  
ST PETERSBURG FL 33701**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

**4. FEI Number**

**59-6178232**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BEAZLEY, DAVID  
1839 ALMERIA WAY S  
SAINT PETERSBURG FL 33701**

Name

**STRASZHEIM, JERRY L. REV**

Street Address (P.O. Box Number is Not Acceptable)

**4545 Chancellor St. NE**

City

**St. Petersburg**

**FL**

Zip Code  
**33703**

**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** *Jerry Straszheim Rev.*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when remaining)

DATE

*3/28/05*

**FILE NOW: FEE IS \$61.25  
Due By: May 1, 2005**

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEAZLEY, DAVID 1839 ALMERIA WAY S ST PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STRASZHEIM, JERRY L REV 4545 CHANCELLOR ST NE ST PETERSBURG FL 33703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN HORNE, ROBERT M 6401 33RD AVE. NORTH SAINT PETERSBURG FL 33710	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEAKYNE, ATTORNEY JAMES JR 216 MIRROR LAKE DRIVE SAINT PETERSBURG FL 33701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUTH, MARJORIE 423 FAN PALM COURT N.E. ST. PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSETTI, LOUIS 758 3RD AVENUE S. ST. PETERSBURG FL	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY BEAZLEY, DAVID 1839 Almeria Way S. St. Petersburg, Fl.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT STRASZHEIM, JERRY L REV 4545 Chancellor St NE St. Petersburg, Fl. 33703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT STEINKE, CAROL 2775 Kipps Colony Dr. So. Pasadena, Fl. 33707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYNER, JOHN 900 Cove Cay Dr. Apt 1 F Clearwater, Fl. 33760	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEPUGH, ROBERT 2164 15 Circle No. St. Petersburg, Fl. 33713	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jerry Straszheim Rev.*

Date

Daytime Phone #

*521-3831*