

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0003864

DOCUMENT # 711918

1. Entity Name
THE FLORIDA LUTHERAN RETIREMENT CENTER, INC.



FILED

03 SEP -9 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

450 N. McDONALD AVE.
DELAND FL 32724

Mailing Address

450 N. McDONALD AVE.
DELAND FL 32724

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

4800 West 57th St.

Suite, Apt. #, etc.

P.O. Box 5038

City & State

Sioux Falls, SD

Zip

57117-5038

Country

U.S.

4. FEI Number 59-1157053

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONRAD, JONATHAN S.
450 N. McDONALD AVENUE
DELAND FL 32724

7. Name and Address of New Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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

Conrad Buy

CT Corporation System

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

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	D	<input checked="" type="checkbox"/> Delete
NAME	HOEGER, AUGIE	
STREET ADDRESS	1649 WYCLIFF WAY	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOLGER, BETTY	
STREET ADDRESS	1649 WYCLIFF WAY	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILCOX, AMELIA J MRS.	
STREET ADDRESS	1624 CALVIN CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVID S WALTERS	
STREET ADDRESS	1504 GALWAY CT	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	D	<input type="checkbox"/> Delete
NAME	JERSTAD, LAURA	
STREET ADDRESS	1508 GALWAY COURT	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHN HOEGER	
STREET ADDRESS	3401 CAFE CT	
CITY-ST-ZIP	KISSIMMEE FL 34746	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David J. Horazdovsky	
STREET ADDRESS	4800 West 57th St.	
CITY-ST-ZIP	Sioux Falls, SD 57108	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Raye Nae Nylander	
STREET ADDRESS	4800 West 57th St.	
CITY-ST-ZIP	Sioux Falls, SD 57108	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cindy Moegenburg	
STREET ADDRESS	4800 West 57th St.	
CITY-ST-ZIP	Sioux Falls, SD 57108	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jonathan Conrad	
STREET ADDRESS	450 N. McDonald Ave.	
CITY-ST-ZIP	DeLand, FL 32724	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Kraus	
STREET ADDRESS	1550 Aldersgate Dr.	
CITY-ST-ZIP	Kissimmee, FL 34746	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cara Ladnyk	
STREET ADDRESS	327 Orange Ave.	
CITY-ST-ZIP	Daytona Beach, FL 32114	

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:

David J. Horazdovsky

David J. Horazdovsky 09-05-03 605-362-3100

CR2E037 (4/03)