

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749408

FILED  
Mar 20, 2009  
Secretary of State

**Entity Name:** LUTHERAN SOCIAL SERVICES OF NORTHEAST FLORIDA, INC.

**Current Principal Place of Business:**

4615 PHILIPS HIGHWAY  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**Current Mailing Address:**

4615 PHILIPS HIGHWAY  
JACKSONVILLE, FL 32207 US

**New Mailing Address:**

**FEI Number:** 59-1965600

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MOCHOWSKI, RICHARD  
4615 PHILIPS HIGHWAY  
JACKSONVILLE, FL 32207 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: CEO ( ) Delete  
Name: RIELEY, R. WAYNE  
Address: 4615 PHILIPS HIGHWAY  
City-St-Zip: JACKSONVILLE, FL 32207

Title: C ( ) Delete  
Name: HUSER, LAWRENCE  
Address: 4615 PHILIPS HIGHWAY  
City-St-Zip: JACKSONVILLE, FL 32217

Title: VC ( ) Delete  
Name: SIDONS, PHILLIP K  
Address: 4615 PHILIPS HIGHWAY  
City-St-Zip: JACKSONVILLE, FL 32207

Title: T ( ) Delete  
Name: CRAWFORD, JEROME  
Address: 4615 PHILIPS HIGHWAY  
City-St-Zip: JACKSONVILLE, FL 32207

Title: S ( ) Delete  
Name: APREN, TRACEY  
Address: 4615 PHILIPS HIGHWAY  
City-St-Zip: JACKSONVILLE, FL 32207

**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:

Title: S (X) Change ( ) Addition  
Name: PARKER, JACK  
Address: 4615 PHILIPS HIGHWAY  
City-St-Zip: JACKSONVILLE, FL 32207

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: RICHARD J. MOCHOWSKI

RA

03/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date