2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

DOCUMENT# 749408

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 J CONTROL
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
Name: RIELEY, R. WAYNE
Address: 4615 PHILIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32207

Title: C
Name: SIDDONS, PHILLIP K
Address: 4615 PHILIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32217

Title: VC
Name: BUCKINGHAM, JULIE
Address: 4615 PHILIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32207

Title: T
Name: CARTER, TED
Address: 4615 PHILIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32207

Title: S
Name: PARKER, JACK
Address: 4615 PHILIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32207

I hereby 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 all other like empowered.

SIGNATURE: RICHARD J MOCHOWSKI RA 01/05/2011

Electronic Signature of Signing Officer or Director Date