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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 764234

1. Corporation Name

LUTHERAN SERVICES FLORIDA, INC.

Principal Place of Business

3307 FRONTAGE RD SUITE 350 TAMPA FL 33607 US

Mailing Address

3307 FRONTAGE RD SUITE 350 TAMPA FL 33607 US



2. Principal Place of Business

21 2700 W Dr MLK Blvd.

Suite, Apt. #, etc.

22 3rd floor

City & State

23 Tampa, Florida

Zip

24 33607

Country

25

2a. Mailing Address

26 2700 W Dr MLK Blvd

Suite, Apt. #, etc.

27 3rd Floor

City & State

28 Tampa, Florida

Zip

29 33607

Country

30

3. Date Incorporated or Qualified

07/21/1982

4. FEI Number

59-2198911

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

NUECHTERLEIN, MICHAEL F  
CARLTON FIELDS  
ONE HARBOUR PLACE  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME D/CT  
GALL, DONALD  
STREET ADDRESS 3307 FRONTAGE RD #350  
CITY-ST-ZIP TAMPA FL 33607

TITLE  DELETE

NAME DC  
FRERKING, THE REV JOHN  
STREET ADDRESS 3307 FRONTAGE RD #350  
CITY-ST-ZIP TAMPA FL 33607

TITLE  DELETE

NAME DS  
BOWLES, MARGRET  
STREET ADDRESS 3307 FRONTAGE RD #350  
CITY-ST-ZIP TAMPA FL 33607

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director, Treasurer  Change  Addition

1.2 NAME 2700 W. Dr. MLK Blvd. 3rd Floor  
1.3 STREET ADDRESS Tampa, Florida 33607  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME 2700 W. Dr. MLK Blvd., 3rd Floor  
2.3 STREET ADDRESS Tampa, Florida 33607  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME Vice-Chair  
3.3 STREET ADDRESS 2700 W. Dr. MLK Blvd., 3rd Floor  
3.4 CITY-ST-ZIP Tampa, Florida 33607

4.1 TITLE  Change  Addition

4.2 NAME Director, Secretary  
4.3 STREET ADDRESS Rev. Clarence Caldwell  
4.4 CITY-ST-ZIP 2700 W. Dr. MLK Blvd., 3rd Floor  
Tampa, Florida 33607

5.1 TITLE  Change  Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

1/22/99

Date

Daytime Phone #

CR2E037 (11/98)