


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 24, 1999 8:00 am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # F98000002496 | | | | | |
| 1. Corporation Name LUTHERAN SOCIAL SERVICES OF MICHIGAN INCORPORATE D | | | | | |
| Principal Place of Business 8131 E. JEFFERSON DETROIT MI 48214 | | | Mailing Address 8131 E. JEFFERSON DETROIT MI 48214 | | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | | 3. Date Incorporated or Qualified 05/01/1998 4. FEI Number 38-1360553 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent WELLS, JIM 3507 FRONTAGE ROAD, STE 350 TAMPA FL 33607-1776 | | | 10. Name and Address of New Registered Agent 81 Name Wells, Jim 82 Street Address (P.O. Box Number is Not Acceptable) 2700 W. Dr. Martin Luther King Blvd 83 Suite 308 84 City Tampa FL 85 Zip Code 33607 | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small> | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | C | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HESFORD, JOHN K | | 1.2 NAME | | |
| STREET ADDRESS | 2411 IROQUOIS AVENUE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DETROIT MI | | 1.4 CITY-ST-ZIP | | |
| TITLE | VC | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LANGE, CRYSTAL M | | 2.2 NAME | | |
| STREET ADDRESS | 4135 KOCHVILLE ROAD | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SAGINAW MI | | 2.4 CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LIEDER, KATHLEEN | | 3.2 NAME | | |
| STREET ADDRESS | 8660 FOLLY DRIVE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CHEBOYGAN MI | | 3.4 CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PARSONS, BRUCE | | 4.2 NAME | | |
| STREET ADDRESS | 250 MONROE, STE 50 | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | GRAND RAPIDS MI | | 4.4 CITY-ST-ZIP | | |
| TITLE | AT | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MCKELVEY, MARK | | 5.2 NAME | | |
| STREET ADDRESS | 20418 PLEASANT | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ST CLAIR SHORES MI | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BAKER, JOHN | | 6.2 NAME | | |
| STREET ADDRESS | 3930 HARRIS LANE | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WEST BLOOMFIELD MI | | 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John K. Hesford 3/22/99

Date

313-823-7700

Daytime Phone #

CR2E037 (1/98)