

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002496

FILED
Apr 25, 2007
Secretary of State

Entity Name: LUTHERAN SOCIAL SERVICES OF MICHIGAN INCORPORATED

Current Principal Place of Business:

8131 E. JEFFERSON
DETROIT, MI 48214

New Principal Place of Business:

Current Mailing Address:

8131 E. JEFFERSON
DETROIT, MI 48214

New Mailing Address:

FEI Number: 38-1360553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, JIM
3627A W. WATERS AVE.
TAMPA, FL 33614 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: C () Delete
Name: NELSON, JOHN
Address: 1991 S. GRAHAM
City-St-Zip: SAGINAW, MI 48609

Title: VC () Delete
Name: CRISTIANSEN, RICHARD
Address: 5612 N. DIXBORO RD.
City-St-Zip: ANN ARBOR, MI 48105

Title: S () Delete
Name: SHERRILL, MARY
Address: 2563 COUNTRY VILLAGE CT.
City-St-Zip: ANN ARBOR, MI 48103

Title: T () Delete
Name: PARSONS, BRUCE
Address: 250 MONROE, STE 50
City-St-Zip: GRAND RAPIDS, MI 49503

Title: P () Delete
Name: STUTRUD, MARK
Address: 8131 E JEFFERSON
City-St-Zip: DETROIT, MI 48214

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: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARK STUTRUD

C

04/25/2007

Electronic Signature of Signing Officer or Director

Date