

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90066 025 ****61.25

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1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 38-1360553

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELLS, JIM
2700 W DR MARTIN LUTHER KING BLVD
STE 308
TAMPA FL 33607-1776

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Delete
NAME	LIEDER, KATHLEEN	
STREET ADDRESS	229 CT ST PO BOX 405	
CITY-ST-ZIP	CHEBOYGAN MI 49721	
TITLE	VC	<input type="checkbox"/> Delete
NAME	NEUMANN, CHARLES	
STREET ADDRESS	5871 WARBLER DR	
CITY-ST-ZIP	CLARKSTON MI 48346	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FISH, KENNETH JR	
STREET ADDRESS	6572 SPRUCE DR	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48301	
TITLE	T	<input type="checkbox"/> Delete
NAME	PARSONS, BRUCE	
STREET ADDRESS	250 MONROE, STE 50	
CITY-ST-ZIP	GRAND RAPIDS MI	
TITLE	P	<input type="checkbox"/> Delete
NAME	STEELE, DAVE	
STREET ADDRESS	8131 E JEFFERSON	
CITY-ST-ZIP	DETROIT MI 48214	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD SIMPSON	
STREET ADDRESS	9704 SUMMIT AVE	
CITY-ST-ZIP	ROCKFORD, MI. 49341	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required Steele

(313)8237700

CR2E037 (10/02)