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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N23361 (1) 1. Corporation Name LMF GUARDIANSHIP SERVICES, INCORPORATED

Principal Place of Business 3507 FRONTAGE ROAD SUITE 350 TAMPA FL 33607 US	Mailing Address 3507 FRONTAGE ROAD SUITE 350 TAMPA FL 33607 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 2033 Wood St., Ste 210 City & State 23 Sarasota, FL 34237 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 2033 Wood St., Ste 210 City & State 27 Sarasota, FL 34237 Zip 28 Country
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9. Name and Address of Current Registered Agent EISSFELDT, RICHARD A. LUTHERAN MINISTRIES OF FL, INC. 3507 FRONTAGE ROAD, SUITE 350 TAMPA FL 33607
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3. Date Incorporated or Qualified 11/09/1987	
4. FEI Number 59-3128525	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent 81 Name Michael Nuechterlein 82 Street Address (P.O. Box Number is Not Acceptable) Carlton Fields 83 One Harbour Place 84 City Tampa 85 Zip Code FL 33602
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11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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  DATE **4-30-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE PAYNE, VINCENT J 3507 FRONTAGE RD, #350 TAMPA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE PD GALL, DONALD 1127 FLORES DE AVILA TAMPA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE STD EISSFELDT, RICHARD A 3507 FRONTAGE ROAD, SUITE 350 TAMPA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Vacant
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900002610949--7 -08/07/98--01087--009 *****70.00 *****70.00
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Vacant
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Wells, James A. 3507 Frontage Road #350 Tampa, FL 33607-1776
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Smith, Pamela I. 3507 Frontage Road #350 Tampa, FL 33607-1776
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 8-5-98

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.

SIGNATURE  DATE **4-30-98**

CP2E037 (10/97)