

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000010233

**Entity Name:** FLORIDA-GEORGIA LUTHERAN EARLY RESPONSE, INC.

**Current Principal Place of Business:**

5850 TG LEE BLVD STE 500  
ORLANDO, FL 32823

**Current Mailing Address:**

5850 TG LEE BLVD STE 500  
ORLANDO, FL 32823

**FEI Number: 88-4086134**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HUSEMAN, WILLIAM R ESQ.  
9310 OLD KINGS ROAD SOUTH STE 702  
JACKSONVILLE, FL 32257 US

*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

**Officer/Director Detail :**

Title           CHAIR  
Name           MATHEWS, JOEL  
Address        7856 NE 24TH LOOP  
City-State-Zip: HIGH SPRINGS FL 32643

Title           VICE CHAIR  
Name           LEHENBAUER, TIMOTHY  
Address        884 BENCHWOOD DR.  
City-State-Zip: WINTER SPRINGS FL 32708

Title           SECRETARY  
Name           GARBERS, KEVIN  
Address        7201 ARTHURS RD  
City-State-Zip: FT. PIERCE FL 34951

Title           TREASURER  
Name           BLONDELL, KATHY  
Address        5850 TG LEE BLVD STE 500  
City-State-Zip: ORLANDO FL 32823

*I hereby 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 all other like empowered.*

**SIGNATURE: JOEL MATHEWS**

**CHAIR**

**02/14/2024**

Electronic Signature of Signing Officer/Director Detail

Date