

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 810471

1. Entity Name
WISCONSIN EVANGELICAL LUTHERAN SYNOD

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90277 023 ****61.25

Principal Place of Business Mailing Address
2929 NORTH MAYFAIR ROAD 2929 NORTH MAYFAIR ROAD
MILWAUKEE WISCONSIN 53222-4398 MILWAUKEE WISCONSIN 53222-4301
US US



DO NOT WRITE IN THIS SPACE

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 **39-0842084** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BEITLICH, PAUL D
2033 MAIN STREET
#101
SARASOTA FL 34237

7. Name and Address of New Registered Agent
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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	GURGEL, KARL R
STREET ADDRESS	306 MADISON ST
CITY-ST-ZIP	LAKEMILLS WI 53551
TITLE	T <input type="checkbox"/> Delete
NAME	HUSKA, JAMES C
STREET ADDRESS	154 E WASHINGTON ST
CITY-ST-ZIP	LAKE MILLS WI 53551
TITLE	SD <input type="checkbox"/> Delete
NAME	MAHNKE, JON M
STREET ADDRESS	6001 BLOSSOM AVE
CITY-ST-ZIP	SAN JOSE CA 95123
TITLE	D <input type="checkbox"/> Delete
NAME	ANDERSON, DALE
STREET ADDRESS	2901 CHOTO RD, APT 6
CITY-ST-ZIP	KNOXVILLE TX 39722-6166
TITLE	D <input type="checkbox"/> Delete
NAME	RATHKE, RON
STREET ADDRESS	PO BOX 698 N/A
CITY-ST-ZIP	BOULDER JUNCTION WI 54512
TITLE	D <input type="checkbox"/> Delete
NAME	FREESE, JOHN
STREET ADDRESS	9517 BEVERLY PLACE
CITY-ST-ZIP	WAUWATOSA WI 53226

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEE ATTACHED FOR ADDITIONAL DIRECTORS/OFFICERS
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 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: James C. Huska James C. Huska, Treasurer 1/11/00 414-256-3258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)