

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 810471

FILED
Jan 21, 2008
Secretary of State

Entity Name: WISCONSIN EVANGELICAL LUTHERAN SYNOD

Current Principal Place of Business:

2929 NORTH MAYFAIR ROAD
MILWAUKEE, WI 532224398 US

New Principal Place of Business:

Current Mailing Address:

2929 NORTH MAYFAIR ROAD
MILWAUKEE, WI 532224398 US

New Mailing Address:

FEI Number: 39-0842084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEITLICH, PAUL D
2033 MAIN STREET
#101
SARASOTA, FL 34237 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: P () Delete
Name: GURGEL, KARL R
Address: 2929 N MAYFAIR RD
City-St-Zip: MILWAUKEE, WI 532224398 US

Title: T () Delete
Name: POPPE, TODD J
Address: 2929 N MAYFAIR ROAD
City-St-Zip: MILWAUKEE, WI 532224398 US

Title: SD () Delete
Name: ZARLING, THOMAS F
Address: 6 WILTSHIRE CT E
City-St-Zip: STERLING, VA 201655677 US

Title: D () Delete
Name: ANDERSON, DALE W
Address: 2901 CHOTO RD, APT 6
City-St-Zip: KNOXVILLE, TN 397226166 US

Title: D () Delete
Name: ANDERSON, RODGER
Address: 204 SPRING ROAD
City-St-Zip: SCHENECTADY, NY 123023717 US

Title: D () Delete
Name: AUSTAD, KURT L
Address: 2512 E TERRARIDGE DR
City-St-Zip: HIGHLANDS RANCH, CO 80126 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCHROEDER, MARK G
Address: 2929 N MAYFAIR RD
City-St-Zip: MILWAUKEE, WI 532224398 US

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

Title: SD (X) Change () Addition
Name: HUEBNER, JAMES R
Address: 7318 W BLUEMOUND RD
City-St-Zip: WAUWATOSA, WI 53213 US

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: TODD J. POPPE

T

01/21/2008

Electronic Signature of Signing Officer or Director

_____ Date