

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **810831** (8)  
1. Corporation Name  
**AID ASSOCIATION FOR LUTHERANS**



Principal Place of Business: **4321 N. BALLARD ROAD APPLETON WI 54919**  
Mailing Address: **4321 N. BALLARD ROAD APPLETON WI 54919**

3. Date Incorporated or Qualified: **02/22/1956**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **39-0123480**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent: **FLORIDA COMMISSIONER OF INSURANCE THE CAPITOL TALLAHASSEE FL**  
10. Name and Address of New Registered Agent: **81 Name**, **82 Street Address (P.O. Box Number is Not Acceptable)**, **83**, **84 City**, **FL 85 Zip Code**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PCD</b>	<input type="checkbox"/> DELETE	1.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>GUNDERSON, RICHARD L.</b>		1.2 NAME: _____	
STREET ADDRESS: <b>400 RIVER ROAD</b>		1.3 STREET ADDRESS: _____	
CITY-ST-ZIP: <b>APPLETON WI</b>		1.4 CITY-ST-ZIP: _____	
TITLE: <b>V</b>	<input type="checkbox"/> DELETE	2.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>DULL, CHARLES W.</b>		2.2 NAME: _____	
STREET ADDRESS: <b>824 CAMBRIDGE DRIVE</b>		2.3 STREET ADDRESS: _____	
CITY-ST-ZIP: <b>APPLETON WI</b>		2.4 CITY-ST-ZIP: _____	
TITLE: <b>VS</b>	<input type="checkbox"/> DELETE	3.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>HEERMAN, WILLIAM R.</b>		3.2 NAME: _____	
STREET ADDRESS: <b>2809 FOX RUN</b>		3.3 STREET ADDRESS: _____	
CITY-ST-ZIP: <b>APPLETON WI</b>		3.4 CITY-ST-ZIP: _____	
TITLE: <b>V</b>	<input type="checkbox"/> DELETE	4.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>HEYKES, NANCY N.</b>		4.2 NAME: _____	
STREET ADDRESS: <b>875 TWIN CREEKS ROAD</b>		4.3 STREET ADDRESS: _____	
CITY-ST-ZIP: <b>SOBIESKI WI</b>		4.4 CITY-ST-ZIP: _____	
TITLE: <b>VT</b>	<input type="checkbox"/> DELETE	5.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>JOHNSON, ROGER J.</b>		5.2 NAME: _____	
STREET ADDRESS: <b>177 PINE COURT</b>		5.3 STREET ADDRESS: _____	
CITY-ST-ZIP: <b>APPLETON WI</b>		5.4 CITY-ST-ZIP: _____	
TITLE: <b>V</b>	<input type="checkbox"/> DELETE	6.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>PENDER, JOHN H.</b>		6.2 NAME: _____	
STREET ADDRESS: <b>12 HYCREST COURT</b>		6.3 STREET ADDRESS: _____	
CITY-ST-ZIP: <b>APPLETON WI</b>		6.4 CITY-ST-ZIP: _____	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Paul R. Ozburn** **PAUL R. OZBURN** **4-30-96** **414 734 5721**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

4/28/96