## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 844440**

FILED Jan 16, 2009 Secretary of State

Entity Name: LUTHERAN CHURCH EXTENSION FUND-MISSOURI SYNOD

**Current Principal Place of Business: New Principal Place of Business:** SUNSET CORPORATE CENTER 10733 SUNSET OFFICE DR SUNSET HILL, MO 631271219 US **New Mailing Address: Current Mailing Address:** P. O. BOX 229009 ST LOUIS, MO 631229009 US FEI Number: 43-1151795 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition WENDT, GERALD E CRUME, LARRY Name: Name: 10733 SUNSET OFFICE DR Address: 10733 SUNSET OFFICE DR Address: City-St-Zip: SUNSET HILLS, MO 63127 City-St-Zip: SUNSET HILLS, MO 63127 Title: SD ( ) Delete Title: () Change () Addition MOKSNES, PAMELA Name: Name: Address: 9381 KIOWA TRAIL Address: City-St-Zip: CHANHASSEN, MN 55317 City-St-Zip: Title: () Delete Title: () Change () Addition HELFRICH, TOM Name: Name: 10733 SUNSET OFFICE DR Address: Address: City-St-Zip: SUNSET HILLS, MO 63127 City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: THOMPSON, SANDRA Name: 15508 LONG COVE BLVD Address: Address: City-St-Zip: CARMEL, IN 46033 City-St-Zip: Title: () Delete Title: () Change () Addition FREITAG, MERLE PRES. Name: Name: 10733 SUNSET OFFICE DRIVE Address: Address: City-St-Zip: ST. LOUIS, MO 63127 City-St-Zip: Title: () Delete Title: () Change () Addition MAHNKEN, GLENN Name: Name: Address: 10733 SUNSET OFFICE DRIVE Address: ST. LOUIS, MO 63127 City-St-Zip: 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: MICHAEL KRUS DIR 01/16/2009