

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 # **P33307** (0)

1. Corporation Name
THE LUTHERAN CHURCH-MISSOURI SYNOD FOUNDATION CORPORATION



Principal Place of Business: 1333 SOUTH KIRKWOOD ROAD ST LOUIS MO 63122
Mailing Address: 1333 SOUTH KIRKWOOD ROAD ST LOUIS MO 63122

3. Date Incorporated or Qualified: 03/26/1991
3a. Date of Last Report: 05/30/1995

21	2. Principal Place of Business	2a.	Mailing Address	4.	FEI Number 43-6034481	Applied For	
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	27	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	28	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Country	29	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	PD SELL, NORMAN D. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1333 SOUTH KIRKWOOD ROAD	1.2 NAME	
STREET ADDRESS	ST LOUIS MO	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D BAHR, WILLIAM <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	915 MULBERRY LANE	2.2 NAME	
STREET ADDRESS	KOHLER WI	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V KNEHANS, ROBERT W. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1333 SOUTH KIRKWOOD ROAD	3.2 NAME	
STREET ADDRESS	ST LOUIS MO	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VT STICHT, FRED <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1333 SOUTH KIRKWOOD ROAD	4.2 NAME	
STREET ADDRESS	ST LOUIS MO	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SD ROSIN, WALTER <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1333 SOUTH KIRKWOOD ROAD	5.2 NAME	
STREET ADDRESS	ST LOUIS MO	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	V PRICE, WAYNE <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1333 SOUTH KIRKWOOD ROAD	6.2 NAME	
STREET ADDRESS	ST LOUIS MO	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, changed, or on an attachment with an address.

SIGNATURE: X *Norman D. Sell* x 2/29/96 314-965-9000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Norman D. Sell
 Date: 2/29/96 Daytime Phone #: 314-965-9000

CR2E037 (12/95)