FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:22

DOCUMENT # P38436 (2)

1. Corporation Name
LUTHERAN WORLD RELIEF INC.

Principal Place of Business	Mailing Address
390 PARK AVENUE SOUTH NEW YORK NY 10016	390 PARK AVENUE SOUTH NEW YORK NY 10016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/21/1992
3a. Date of Last Report: 08/15/1994
4. FEI Number: 13-2574963 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BROWN, STACY DANIEL
110 SHEPHERD TRAIL
LONGWOOD FL 32752-0632

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	1.1 TITLE	☐ Change ☐ Addition
NAME	MARKQUART, EDWARD F.	1.2 NAME	
STREET ADDRESS	27033 10TH AVE. S.	1.3 STREET ADDRESS	
CITY-ST-ZIP	KENT WA	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	ROSS, NOVELLA	2.2 NAME	
STREET ADDRESS	1703 DUNLEIGH WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	LUTZ, CHARLES	3.2 NAME	
STREET ADDRESS	333 12TH ST. SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	O'SHONEY, GLENN R.	4.2 NAME	
STREET ADDRESS	1333 S. KIRKWOOD RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	JENSEN, WALTER	5.2 NAME	
STREET ADDRESS	390 PARK AVE S	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	☐ Change ☐ Addition
NAME	SELL, NORMAN D.	6.2 NAME	
STREET ADDRESS	1333 S. KIRKWOOD RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	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)(i), 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: E. Brown Walter A. Jensen, Treasurer 2/9/95 (212) 532-6350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0078780