

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P38436**

1. Entity Name

LUTHERAN WORLD RELIEF INC.

Principal Place of Business

**700 LIGHT STREET
BALTIMORE MD 21230**

Mailing Address

**700 LIGHT STREET
BALTIMORE MD 21230**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

13-2574963

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**JOHNSON, REV. GEORGE L.
7860 SOUTHSIDE BLVD
JAKSONVILLE FL 32256**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	BETTS, KIRK H	
STREET ADDRESS	6412 GOLDFEAF DRIVE	
CITY-ST-ZIP	BETHESDA MD 29817	

TITLE	VP	<input type="checkbox"/> Delete
NAME	MALEWICKI, MICHAEL S	
STREET ADDRESS	700 LIGHT STREET	
CITY-ST-ZIP	BALTIMORE MD 21230	

TITLE	D	<input type="checkbox"/> Delete
NAME	PETERS, VINCENT	
STREET ADDRESS	BETHEL COLLEGE, 3900 BETHEL DRIVE	
CITY-ST-ZIP	ST. PAUL MN 55112-6999	

TITLE	D	<input type="checkbox"/> Delete
NAME	O'SHONEY, GLENN R.	
STREET ADDRESS	1333 S. KIRKWOOD RD.	
CITY-ST-ZIP	SAINT LOUIS MO 63122	

TITLE	T	<input type="checkbox"/> Delete
NAME	MALKEWICKI, MICHAEL S	
STREET ADDRESS	700 LIGHT STREET	
CITY-ST-ZIP	BALTIMORE MD 21230	

TITLE	P	<input type="checkbox"/> Delete
NAME	WOLFORD, KATHRYN	
STREET ADDRESS	700 LIGHT STREET	
CITY-ST-ZIP	BALTIMORE MD 21230	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/01

Date

410-230-2700

Daytime Phone #

CR2E037 (10/00)

0087214