

2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 810471

Entity Name: WISCONSIN EVANGELICAL LUTHERAN SYNOD

Current Principal Place of Business:

N16 W23377 STONE RIDGE DR
WAUKESHA, WI 53188

Current Mailing Address:

N16 W23377 STONE RIDGE DR
WAUKESHA, WI 53188 US

FEI Number: 39-0842084

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BEITLICH, PAUL D
2033 MAIN ST #500
SARASOTA, FL 34237-6049 US

FILED
Feb 13, 2023
Secretary of State
7474045183CC

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

Officer/Director Detail :

Title PRESIDENT
Name SCHROEDER, MARK G
Address N16 W23377 STONE RIDGE DR
City-State-Zip: WAUKESHA WI 53188

Title TREASURER
Name EGAN, KYLE J
Address N16 W23377 STONE RIDGE DR
City-State-Zip: WAUKESHA WI 53188

Title VP
Name HUEBNER, JAMES R
Address 7318 W BLUEMOUND RD
City-State-Zip: WAUWATOSA WI 53213

Title SECRETARY
Name VOSS, JOEL R
Address 6700 CROSSBROOK DR
City-State-Zip: CENTERVILLE OH 45459

Title DIRECTOR
Name GOSCH, KENNITH
Address 315 5TH AVE SE
 PO BOX 970
City-State-Zip: ABERDEEN SD 57402

Title DIRECTOR
Name HANSEN, STEVEN
Address 10850 INSPIRATION CIRCLE
City-State-Zip: DUBLIN CA 94568

Title DIRECTOR
Name JENSWOLD, JOEL
Address 414 STEVENSON ST
City-State-Zip: DEFOREST WI 53532

Title DIRECTOR
Name SCHERMERHORN, THOMAS
Address N5134 SUMMIT CT
City-State-Zip: FOND DU LAC WI 54937

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I hereby 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 all other like empowered.

SIGNATURE: KYLE EGAN

TREASURER

02/13/2023

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SCHROEDER, JONATHAN
Address 154 COBBLESTONE CURVE
City-State-Zip: SHARPSBURG GA 30277

Title DIRECTOR
Name FOWLER, JOHN
Address 217 STILLCREEK DR
City-State-Zip: FRANKLIN TN 37064

Title DIRECTOR
Name ZANK, JOEL
Address 3132 N DORIS LN
City-State-Zip: APPLETON WI 54911

Title DIRECTOR
Name SAMES, KURT
Address 1167 APPALOUSA TRAIL
City-State-Zip: HUDSON WI 54016

Title DIRECTOR
Name LEMKE, JAKE
Address N7154 ERANN CT
City-State-Zip: HOLMEN WI 54636

Title DIRECTOR
Name PLITZUWEIT, TOM
Address 906 REVERE AVE
City-State-Zip: OCONOMOWOC WI 53066

Title DIRECTOR
Name GABB, MARK
Address 1131 E BLUEBIRD CT
City-State-Zip: HERNANDO FL 34442

Title DIRECTOR
Name KESTNER, CHRIS
Address 29 DAVIS DR
City-State-Zip: SAGINAW MI 48602

Title DIRECTOR
Name HIRSCH, PHILIP
Address 5770 LAKE ELBO RD
City-State-Zip: MANHATTAN KS 66502

Title DIRECTOR
Name WESTRA, CHARLES
Address 1100 DOVER DR
City-State-Zip: COLUMBIA TN 38401

Title DIRECTOR
Name RODEWALD, DUANE
Address 206 FUGATE DR
City-State-Zip: SIMPSONVILLE SC 29681

Title DIRECTOR
Name MASTERS, BRENT
Address 13386 W WOODSPRING CT
City-State-Zip: BOISE ID 83713

Title DIRECTOR
Name AISBET, PETE
Address 400 COBBLESTONE CT
City-State-Zip: SLINGER WI 53086

Title DIRECTOR
Name OLSON, RYAN
Address 1107 RUGBY RD
City-State-Zip: CHARLOTTESVILLE VA 22903

Title DIRECTOR
Name WOODS, CHIP
Address 5630 W ROWLAND AVE
City-State-Zip: LITTLETON CO 80128

Title DIRECTOR
Name NEMMERS, BRENT
Address 906 TIMBERBEND TRL
City-State-Zip: ALLEN TX 75002

Title DIRECTOR
Name HECKENDORF, JOEL
Address 835 SQUAW CREEK CT
City-State-Zip: RENO NV 89506