

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000004613

**Entity Name:** LUTHERAN IMMIGRATION AND REFUGEE SERVICE, INC.

**Current Principal Place of Business:**

700 LIGHT ST  
BALTIMORE, MD 21230

**Current Mailing Address:**

700 LIGHT STREET  
BALTIMORE, MD 21230

**FEI Number: 13-2574854**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS INC.  
7901 4TH STREET N  
SUITE 300  
ST. PETERSBURG, FL 33702 US

*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 CFO  
Name PEPITO, F. ANDREW  
Address 700 LIGHT ST  
City-State-Zip: BALTIMORE MD 21230

Title DIRECTOR  
Name HULTQUIST, VIRGINIA  
Address 700 LIGHT ST  
City-State-Zip: BALTIMORE MD 21230

Title DIRECTOR  
Name MOELLER, JR, JOHN R  
Address 700 LIGHT ST  
City-State-Zip: BALTIMORE MD 21230

Title DIRECTOR  
Name ALIER, MUTUOR  
Address 700 LIGHT ST  
City-State-Zip: BALTIMORE MD 21230

Title DIRECTOR  
Name BATCHICK, DIANE  
Address 700 LIGHT ST  
City-State-Zip: BALTIMORE MD 21230

Title DIRECTOR  
Name ERIKSON, BISHOP PAUL  
Address 700 LIGHT ST  
City-State-Zip: BALTIMORE MD 21230

Title DIRECTOR  
Name GEORGE, VIJI  
Address 700 LIGHT ST  
City-State-Zip: BALTIMORE MD 21230

Title DIRECTOR  
Name HALCHE, YARED  
Address 700 LIGHT ST  
City-State-Zip: BALTIMORE MD 21230

**Continues on page 2**

*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: KRISH O'MARA VIGNARAJAH**

**PRESIDENT**

**03/13/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name PARCHMAN, BRYN  
Address 700 LIGHT ST  
City-State-Zip: BALTIMORE MD 21230

Title DIRECTOR  
Name RESENDE, EDDIE  
Address 700 LIGHT ST  
City-State-Zip: BALTIMORE MD 21230

Title DIRECTOR  
Name WIECKERT, DENNIS  
Address 700 LIGHT ST  
City-State-Zip: BALTIMORE MD 21230

Title SECRETARY  
Name POHLE, DIANA MARTHA  
Address 700 LIGHT ST  
City-State-Zip: BALTIMORE MD 21230

Title DIRECTOR  
Name SMITH, CLARANCE  
Address 700 LIGHT ST  
City-State-Zip: BALTIMORE MD 21230

Title DIRECTOR  
Name SPEAKS, MICHELE  
Address 700 LIGHT ST  
City-State-Zip: BALTIMORE MD 21230

Title DIRECTOR  
Name WAGNER, ELIZABETH  
Address 700 LIGHT ST  
City-State-Zip: BALTIMORE MD 21230

Title PRESIDENT  
Name O'MARA VIGNARAJAH, KRISH  
Address 700 LIGHT ST  
City-State-Zip: BALTIMORE MD 21230

Title DIRECTOR  
Name HASSAN, MUHSIN  
Address 700 LIGHT ST  
City-State-Zip: BALTIMORE MD 21230