

**2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000004613

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

**Current Principal Place of Business:**

700 LIGHT STREET  
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:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	PDC	Title	DIRECTOR, TREASURER
Name	HARTKE, LINDA J	Name	SWANSON, WILLIAM
Address	700 LIGHT STREET	Address	700 LIGHT STREET
City-State-Zip:	BALTIMORE MD 21230	City-State-Zip:	BALTIMORE MD 21230

Title	SECRETARY	Title	D
Name	FEDYK, LORI	Name	ANDERSEN, CHRIS
Address	700 LIGHT STREET	Address	700 LIGHT STREET
City-State-Zip:	BALTIMORE MD 21230	City-State-Zip:	BALTIMORE MD 21230

Title	DIRECTOR	Title	DIRECTOR
Name	RINEHART, MICHAEL REV.	Name	BOUMAN, STEPHEN
Address	700 LIGHT STREET	Address	700 LIGHT STREET
City-State-Zip:	BALTIMORE MD 21230	City-State-Zip:	BALTIMORE MD 21230

Title	DIRECTOR, CHAIRMAN	Title	DIRECTOR, VC
Name	GRUMM, CHRISTINE	Name	DAY, J. BART REV
Address	700 LIGHT STREET	Address	700 LIGHT STREET
City-State-Zip:	BALTIMORE MD 21230	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: LINDA HARTKE**

**PRESIDENT/CEO**

**02/06/2016**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GRAVES, MELISSA  
Address 700 LIGHT STREET  
City-State-Zip: BALTIMORE MD 21230

Title DIRECTOR  
Name BENKE, JUDY  
Address 700 LIGHT STREET  
City-State-Zip: BALTIMORE MD 21230

Title DIRECTOR  
Name MOILAN, EVAN  
Address 700 LIGHT STREET  
City-State-Zip: BALTIMORE MD 21230

Title DIRECTOR  
Name STOERAU, LINDA  
Address 700 LIGHT STREET  
City-State-Zip: BALTIMORE MD 21230

Title DIRECTOR  
Name SUJOLDZIC, SELENA  
Address 700 LIGHT STREET  
City-State-Zip: BALTIMORE MD 21230

Title DIRECTOR  
Name LOPEZ, ESTHER  
Address 700 LIGHT STREET  
City-State-Zip: BALTIMORE MD 21230

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

Title DIRECTOR  
Name COLLINS, WILMOT  
Address 700 LIGHT STREET  
City-State-Zip: BALTIMORE MD 21230

Title DIRECTOR  
Name JOHNSON, ORVILLE  
Address 700 LIGHT STREET  
City-State-Zip: BALTIMORE MD 21230

Title DIRECTOR  
Name GOINS, TED  
Address 700 LIGHT STREET  
City-State-Zip: BALTIMORE MD 21230