

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P38436

**Entity Name:** LUTHERAN WORLD RELIEF INC.**Current Principal Place of Business:**700 LIGHT STREET  
BALTIMORE, MD 21230**Current Mailing Address:**700 LIGHT STREET  
BALTIMORE, MD 21230**FEI Number:** 13-2574963**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JOHNSON, REV. GEORGE L.  
7860 SOUTHSIDE BLVD  
JACKSONVILLE, FL 32256 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 DIRECTOR - VICE-CHAIR  
Name SCHULTZ, JONATHAN D  
Address 700 LIGHT STREET  
City-State-Zip: BALTIMORE MD 21230

Title DIRECTOR  
Name HINES-SHAH, JAYESH  
Address 700 LIGHT STREET  
City-State-Zip: BALTIMORE MD 21230

Title DIRECTOR  
Name COLE, EMRIED JR.  
Address 700 LIGHT STREET  
City-State-Zip: BALTIMORE MD 21230

Title DIRECTOR, CHAIRMAN  
Name CRAFT, WILLIAM J DR.  
Address 700 LIGHT STREET  
City-State-Zip: BALTIMORE MD 21230

Title DIRECTOR  
Name GUNDERSON, STEVE HONORABLE  
Address 700 LIGHT STREET  
City-State-Zip: BALTIMORE MD 21230

Title DIRECTOR  
Name EVENSON, LOUISE P DR.  
Address 700 LIGHT STREET  
City-State-Zip: BALTIMORE MD 21230

Title DIRECTOR, SECRETARY  
Name GRAEBER PORTER, EMMA  
Address 700 LIGHT STREET  
City-State-Zip: BALTIMORE MD 21230

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

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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: DANIEL V. SPECKHARD****PRESIDENT****03/23/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

Title               PRESIDENT  
Name               SPECKHARD, DANIEL  
Address            700 LIGHT STREET  
City-State-Zip:   BALTIMORE MD 21230

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