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03-10-1999 90212 022 ****61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 810471

1. Corporation Name
WISCONSIN EVANGELICAL LUTHERAN SYNOD

Principal Place of Business
2929 NORTH MAYFAIR ROAD
MILWAUKEE WISCONSIN 53222-4398
US

Mailing Address
2929 NORTH MAYFAIR ROAD
MILWAUKEE WISCONSIN 53222-4398
US



| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 07/30/1955 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 39-0842084 | |
| 22 | City & State | 27 | City & State | Applied For Not Applicable | |
| 23 | Zip | 28 | Zip | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required | |
| 24 | Country | 29 | Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |

| | | | | | | | |
|---|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| BEITLICH, PAUL D 2033 MAIN STREET #101 SARASOTA FL 34237 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|--|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GURGEL, KARL R | 1.2 NAME | |
| STREET ADDRESS | 306 MADISON ST | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKEMILLS WI 53551 | 1.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HUSKA, JAMES C | 2.2 NAME | |
| STREET ADDRESS | 154 E WASHINGTON ST | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE MILLS WI 53551 | 2.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAHNKE, JON M | 3.2 NAME | |
| STREET ADDRESS | 6001 BLOSSOM AVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SAN JOSE CA 95123 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANDERSON, DALE | 4.2 NAME | same |
| STREET ADDRESS | 1029 FARRINGTON DR | 4.3 STREET ADDRESS | 2901 Choto Rd Apt 6 |
| CITY-ST-ZIP | KNOWXILLE TN 37923 | 4.4 CITY-ST-ZIP | Knoxville TX 39722-6166 |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RATHKE, RON | 5.2 NAME | |
| STREET ADDRESS | PO BOX 698 N/A | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOULDER JUNCTION WI 54512 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FREESE, JOHN | 6.2 NAME | |
| STREET ADDRESS | 9517 BEVERLY PLACE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | WAUWATOSA WI 53226 | 6.4 CITY-ST-ZIP | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James C. Huska Huska, Treasurer 2/26/99 414-256-3258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)

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810471

**WISCONSIN EVANGELICAL LUTHERAN SYNOD
SYNODICAL COUNCIL**

2929 N Mayfair Road † Milwaukee, Wisconsin 53222-4398 † 414-256-3888 † FAX 256-3899 or 256-6480

CHAIRMAN & PRESIDENT

Rev. Karl R. Gurgel (99)
306 Madison St
Lake Mills WI 53551-1133
(h) 920-648-3398, (o) 414-256-3201
Fax: 414-256-3899
Email: preswels@aol.com
[Executive Committee]

VICE PRESIDENT

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[Executive Committee]

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[Executive Committee]

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