2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State
09-08-2004 90119 047 ****61.25

DOCUMENT # 810831

1. Entity Name
THRIVENT FINANCIAL FOR LUTHERANS

Principal Place of Business	Mailing Address
4321 N. BALLARD ROAD APPLETON, WI 54919	4321 N. BALLARD ROAD APPLETON, WI 54919

07142004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	625 Fourth Avenue South Suite, Apt. #, etc.
City & State, Zip, Country	Minneapolis, MN 55415 USA

4. FEI Number 39-0123480 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~CHIEF FINANCIAL OFFICER~~ ~~P O BOX 6200 (32314-6200)~~ ~~200 E. GAINES ST~~ ~~TALLAHASSEE, FL 32399-0000~~ This information was incorrect. This is not a change of registered agent, but a correction of information	Name: CT Corporation System Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road City: Plantation FL Zip Code: 33324

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP STEMACHER, JON M 4321 NORTH BALLARD RD APPLETON, WI 54919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Stellmacher, Jon	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP STRANGHOENER, LAWRENCE W 625 FOURTH AVE SOUTH MINNEAPOLIS, MN 55415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO NICHOLSON, BRUCE L 625 FOURTH AVE SOUTH MINNEAPOLIS, MN 55415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C GILBERT, JOHN O 625 FOURTH AVE SOUTH MINNEAPOLIS, MN 55415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP ENO, WOODROW E 625 FOURTH AVE SOUTH MINNEAPOLIS, MN 55415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP MARTIN, JENNIFER H 625 FOURTH AVE SOUTH MINNEAPOLIS, MN 55415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____ Richard J. Kleven July 14, 2004 (612) 340-7216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
#810831
44052354

Thrivent Financial for Lutherans™

The union of AAL and LB

625 Fourth Ave. S., Minneapolis, MN 55415-1624
Phone: (800) 990-6290 • **E-mail:** mail@thrivent.com • www.thrivent.com

September 1, 2004

Floirda Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Re: Thrivent Financial for Lutherans
Annual Report

To Whom It May Concern:

This letter is in response to your correspondence notifying us that our 2004 Not-for-Profit Annual Report Dues are due to the Florida Department of State. Enclosed please find check number G706572 in the amount of $61.25 in payment of these dues. If I can be of any further assistance, please contact me at 612/340-7291.

Sincerely,

Mary K. Borowski
Paralegal
612/340-7291
612/340-7062 fax

Enclosures