

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 844440

FILED
Jan 19, 2007
Secretary of State

Entity Name: LUTHERAN CHURCH EXTENSION FUND-MISSOURI SYNOD

Current Principal Place of Business:

SUNSET CORPORATE CENTER
10733 SUNSET OFFICE DR
SUNSET HILL, MO 631271219 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 229009
ST LOUIS, MO 631229009 US

New Mailing Address:

FEI Number: 43-1151795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: WENDT, GERALD E
Address: 10733 SUNSET OFFICE DR
City-St-Zip: SUNSET HILLS, MO 63127

Title: SD () Delete
Name: TEWS, HANS W
Address: 1508 SPRING LAKE DR
City-St-Zip: ORLANDO, FL

Title: V () Delete
Name: HELFRICH, TOM
Address: 10733 SUNSET OFFICE DR
City-St-Zip: SUNSET HILLS, MO 63127

Title: D () Delete
Name: SCHUMACHER, JON
Address: 2020 BURNWOOD CT
City-St-Zip: BROOKFIELD, WI 53045

Title: P () Delete
Name: FREITAG, MERLE PRES.
Address: 10733 SUNSET OFFICE DRIVE
City-St-Zip: ST. LOUIS, MO 63127

Title: V () Delete
Name: MAHNKEN, GLENN
Address: 10733 SUNSET OFFICE DRIVE
City-St-Zip: ST. LOUIS, MO 63127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MOKSNES, PAMELA
Address: 9381 KIOWA TRAIL
City-St-Zip: CHANHASSEN, MN 55317

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: THOMPSON, SANDRA
Address: 15508 LONG COVE BLVD
City-St-Zip: CARMEL, IN 46033

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BRAD BUCHEK

AVP

01/19/2007

Electronic Signature of Signing Officer or Director

Date