

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003207

FILED
Mar 16, 2009
Secretary of State

Entity Name: LUTHERAN COMMUNITY FOUNDATION CORPORATION

Current Principal Place of Business:

625 4TH AVENUE SOUTH, SUITE 1500
MINNEAPOLIS, MN 55415

New Principal Place of Business:

Current Mailing Address:

625 4TH AVENUE SOUTH, SUITE 1500
MINNEAPOLIS, MN 55415

New Mailing Address:

FEI Number: 41-1802412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 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: VC () Delete
Name: GALLERSON, BRYAN
Address: 3004 CLYMER DRIVE
City-St-Zip: PLANTO, TX 75025

Title: C () Delete
Name: BRAATEN, JENNIFER
Address: FERRUM COLLEGE 215 FERRUM MT. ROAD
City-St-Zip: FERRUM, VA 24088

Title: SVP () Delete
Name: GRASMOEN, CHERYL
Address: 625 FOURTH AVE S. SUITE 1500
City-St-Zip: MINNEAPOLIS, MN 55415

Title: P () Delete
Name: ANDERSEN, CHRIS
Address: 625 4TH AVENUE SOUTH, SUITE 1500
City-St-Zip: MINNEAPOLIS, MN 55415

Title: VP () Delete
Name: PETERSON, TOM
Address: 625 4TH AVENUE S. SUITE1500
City-St-Zip: MINNEAPOLIS, MN 55415

Title: VP () Delete
Name: HAYES, SUSAN
Address: 625 4TH AVENUE SOUTH, SUITE 1500
City-St-Zip: MINNEAPOLIS, MN 55415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: TOM PETERSON

VP

03/16/2009

Electronic Signature of Signing Officer or Director

Date