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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02201** (2)
1. Corporation Name
EVANGELICAL LUTHERAN SYNOD, INC.

Principal Place of Business: **447 DIVISION STREET MANKOTO MN 56001**
Mailing Address: **447 DIVISION STREET MANKOTO MN 56001**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/30/1984** 3a. Date of Last Report: **03/08/1994**

4. FEI Number: **23-7181739** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent

THOMPSON, BEN E., JR
2806 ATLANTIC BLVD
VERO BEACH FL 32961

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORVICK, REV GEORGE	1.2 NAME	
STREET ADDRESS	447 N. DIVISION.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MANKATO MN	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERSETH, REV ALF	2.2 NAME	
STREET ADDRESS	106 13TH STREET SOUTH	2.3 STREET ADDRESS	
CITY - ST - ZIP	NORTHWOOD IA	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, LEROY W.	3.2 NAME	
STREET ADDRESS	1038 SOUTH LEWIS AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	LOMBARD IL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, GREG	4.2 NAME	
STREET ADDRESS	1405 BURNING WOOD WAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	MADISON WI	4.4 CITY - ST - ZIP	
TITLE	DVP	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSEN, REV. PAUL	5.2 NAME	The Rev. Glenn Obenberger
STREET ADDRESS	7030 MESCOLERO DR.	5.3 STREET ADDRESS	12309 Pacific Ave., P.O. Box 44006
CITY - ST - ZIP	COLORADO SPRINGS, CO	5.4 CITY - ST - ZIP	Tacoma, WA 98444
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVORSON, ALBIN	6.2 NAME	
STREET ADDRESS	RT 3, BOX 201	6.3 STREET ADDRESS	
CITY - ST - ZIP	NORTHWOOD IA	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: *Sandra B. Mortham* Secretary February 8, 1995 515-324-2944
(Signature and typed or printed name of signing officer or director) (Date) (Telephone #)



Evangelical
Lutheran Synod

OFFICE OF THE SECRETARY
The Rev. Alf Merseth

106 13th Street South Northwood, Iowa 50459 515/324-2944

- D Wilbur Lieske, 9 Skyline Drive, Mankato, MN 56001
- D The Rev. Martin Doepel, Box 187 Audubon, MN 56511
- D The Rev. David Nelson, 224 Second St. N. E. Mayville, N. Dako. 58257
- D. Robert Brown, W305 N5660 Stevens Rd, Hartland, WI 53029