

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

3. Date Incorporated or Qualified: 05/30/1984
3a. Date of Last Report: 03/02/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 23-7181739	Applied For: <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

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

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			FL	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	ORVICK, REV GEORGE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ORVICK, REV GEORGE	447 N. DIVISION.	1.2 NAME	
STREET ADDRESS: 447 N. DIVISION.	MANKATO MN	1.3 STREET ADDRESS	
CITY-ST-ZIP: MANKATO MN		1.4 CITY-ST-ZIP	
TITLE: SD	MERSETH, REV ALF	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MERSETH, REV ALF	106 13TH STREET SOUTH	2.2 NAME	
STREET ADDRESS: 106 13TH STREET SOUTH	NORTHWOOD IA	2.3 STREET ADDRESS	
CITY-ST-ZIP: NORTHWOOD IA		2.4 CITY-ST-ZIP	
TITLE: TD	MEYER, LEROY W.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MEYER, LEROY W.	1038 SOUTH LEWIS AVENUE	3.2 NAME	
STREET ADDRESS: 1038 SOUTH LEWIS AVENUE	LOMBARD IL	3.3 STREET ADDRESS	
CITY-ST-ZIP: LOMBARD IL		3.4 CITY-ST-ZIP	
TITLE: D	GRIFFIN, GREG	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GRIFFIN, GREG	1405 BURNING WOOD WAY	4.2 NAME	
STREET ADDRESS: 1405 BURNING WOOD WAY	MADISON WI	4.3 STREET ADDRESS	
CITY-ST-ZIP: MADISON WI		4.4 CITY-ST-ZIP	
TITLE: DVP	OBERBERGER, GLENN (REV.)	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: OBERBERGER, GLENN (REV.)	12309 PACIFIC AVE., P O BOX 44006	5.2 NAME	
STREET ADDRESS: 12309 PACIFIC AVE., P O BOX 44006	TACOMA WA	5.3 STREET ADDRESS	
CITY-ST-ZIP: TACOMA WA		5.4 CITY-ST-ZIP	
TITLE: D	LEVORSON, ALBIN	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LEVORSON, ALBIN	RT 3, BOX 201	6.2 NAME	
STREET ADDRESS: RT 3, BOX 201	NORTHWOOD IA	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 119.07(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: *Leroy W. Meyer, Treasurer* Feb 5, 1996 (708) 471-0150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)



**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. Dak. 58257
- D. Robert Brownly, W305 N5660 Stevens Rd, Hartland, WI 53029