

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

FILED  
97 OCT -6 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Principal Place of Business: 447 DIVISION STREET MANKATO MN 56001  
Mailing Address: 447 DIVISION STREET MANKATO MN 56001-6138

3. Date Incorporated or Qualified: 05/30/1984  
3a. Date of Last Report: 02/14/1996

2. Principal Place of Business: 21 6 Browns Court, 22 Suite, Apt. #, etc., 23 Mankato, MN 56001, 24 56001, 25  
2a. Mailing Address: 26 6 Browns Court, 27 Suite, Apt. #, etc., 28 Mankato, MN 56001, 29 56001, 30

4. FEI Number: 23-7181739  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Debit/Contribution Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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: THOMPSON, BEN E., JR  
82 Street Address (P.O. Box Number is Not Acceptable): 1235 41st Avenue  
83  
84 City: Vero Beach, FL 85 Zip Code: 32960

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and title (last name) (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ORVICK, REV GEORGE	
STREET ADDRESS	447 N. DIVISION.	
CITY-ST-ZIP	MANKATO MN	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MERSETH, REV ALF	
STREET ADDRESS	106 13TH STREET SOUTH	
CITY-ST-ZIP	NORTHWOOD IA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MEYER, LEROY W.	
STREET ADDRESS	1038 SOUTH LEWIS AVENUE	
CITY-ST-ZIP	LOMBARD IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIFFIN, GREG	
STREET ADDRESS	1405 BURNING WOOD WAY	
CITY-ST-ZIP	MADISON WI	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	OBERBERGER, GLENN (REV.)	
STREET ADDRESS	12309 PACIFIC AVE., P O BOX 44006	
CITY-ST-ZIP	TACOMA WA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEVORSON, ALBIN	
STREET ADDRESS	RT 3, BOX 201	
CITY-ST-ZIP	NORTHWOOD IA	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	SD
23 STREET ADDRESS	FERKENSTAD, REV. CRAIG A.
24 CITY-ST-ZIP	RR 3, BOX 40 ST. PETER, MN 56082
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	200002316032--G.
44 CITY-ST-ZIP	-10/09/97--01064--003 *****61.25 *****61.25
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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 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: \_\_\_\_\_

CR2E037 (9/96)



Evangelical  
Lutheran Synod

---

OFFICE OF THE SECRETARY

*The Reverend Craig A. Ferkenstad*

6 Browns Court Mankato, Minnesota 56001

Office: 507/386-5852 Home: 507/246-5312 FAX: 507/386-5426

1997 Continued ...

D Wilbur Lieske, 9 Skyline Drive, Mankato, MN 56001

D The Rev. Martin Doepel, 212 Volk Street, Portage, WI 53901 --- ADDRESS CHANGE

D The Rev. David Nelson, 1307 14th Street, St. Cloud, MN 56303 --- ADDRESS CHANGE

D Robert Brown, W305 N5660 Stevens Road, Hartland, WI 53029