


FILE NOW: FILING FEE IS \$61.25

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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90002 007 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P02201		
1. Corporation Name EVANGELICAL LUTHERAN SYNOD, INC.		
Principal Place of Business 6 BROWNS COURT MANKOTO MN 56001	Mailing Address 6 BROWNS COURT MANKOTO MN 56001	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	05/30/1984
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	23-7181739
City & State	City & State	Applied For
23	28	Not Applicable
MANKATO MN	MANKATO MN	5. Certificate of Status Desired <input type="checkbox"/>
Zip Country	Zip Country	\$8.75 Additional Fee Required
24	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
56001-6121	56001-6121	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THOMPSON, BEN E., JR 1234 41ST AVENUE VERO BEACH FL 32960		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 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 <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORVICK, REV GEORGE	1.2 NAME	
STREET ADDRESS	447 N. DIVISION.	1.3 STREET ADDRESS	6 BROWNS COURT
CITY-ST-ZIP	MANKATO MN	1.4 CITY-ST-ZIP	MANKATO MN 56001-6121
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERKENSTAD, REV. CRAIG A	2.2 NAME	
STREET ADDRESS	RR 3 BOX 40	2.3 STREET ADDRESS	ST PETER MN 56082-9515
CITY-ST-ZIP	ST. PETER MN 56082	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, LEROY W.	3.2 NAME	
STREET ADDRESS	1038 SOUTH LEWIS AVENUE	3.3 STREET ADDRESS	LOMBARD IL 60148-4040
CITY-ST-ZIP	LOMBARD IL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, GREG	4.2 NAME	
STREET ADDRESS	1405 BURNING WOOD WAY	4.3 STREET ADDRESS	MADISON WI 53704-1009
CITY-ST-ZIP	MADISON WI	4.4 CITY-ST-ZIP	
TITLE	DVP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OBERBERGER, GLENN (REV.)	5.2 NAME	
STREET ADDRESS	12309 PACIFIC AVE., P O BOX 44006	5.3 STREET ADDRESS	MOLDSTAD, JOHN, JR
CITY-ST-ZIP	TACOMA WA	5.4 CITY-ST-ZIP	114 ECHO ST. MANKATO MN 56001-6128
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVORSON, ALBIN	6.2 NAME	
STREET ADDRESS	RT 3, BOX 201	6.3 STREET ADDRESS	668 450TH ST
CITY-ST-ZIP	NORTHWOOD IA	6.4 CITY-ST-ZIP	NORTHWOOD IA 50459-8776

14. I 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, with all other like empowered.

SIGNATURE: Leroy W. Meyer /24/99 630 971-0150
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)