

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90091 014 \*\*\*\*61.25

UBR2453

**DOCUMENT # P02201**

1. Entity Name

**EVANGELICAL LUTHERAN SYNOD, INC.**

Principal Place of Business

Mailing Address

**6 BROWNS COURT  
 MANKATO MN 56001-6121  
 US**

**6 BROWNS COURT  
 MANKATO MN 56001-6121  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**23-7181739**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMPSON, BEN E., JR  
 1234 41ST AVENUE  
 VERO BEACH FL 32960**

Name

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

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **PD ORVICK, REV GEORGE**  
 STREET ADDRESS **6 BROWNS COURT**  
 CITY-ST-ZIP **MANKATO MN 56001-6121**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD FERKENSTAD, REV. CRAIG A**  
 STREET ADDRESS **RR 3 BOX 40**  
 CITY-ST-ZIP **ST. PETER MN 56082-9515**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD MEYER, LEROY W.**  
 STREET ADDRESS **1038 SOUTH LEWIS AVENUE**  
 CITY-ST-ZIP **LOMBARD IL 60148-4040**

TITLE  Change  Addition  
 NAME **T WIEDERHOEFT, KEITH D.**  
 STREET ADDRESS **2508 MARWOOD DRIVE**  
 CITY-ST-ZIP **MANKATO MN 56001**

TITLE  Delete  
 NAME **D GRIFFIN, GREG**  
 STREET ADDRESS **1405 BURNING WOOD WAY**  
 CITY-ST-ZIP **MADISON WI 53704-1009**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DVP MOLDSTAD, JOHN JR**  
 STREET ADDRESS **114 ECHO ST.**  
 CITY-ST-ZIP **MANKATO MN 56001-6128**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D LEVORSON, ALBIN**  
 STREET ADDRESS **668 45TH ST.**  
 CITY-ST-ZIP **NORTHWOOD IA 50459-8776**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Keith D. Wiederhoeft* **RECEIVED WIEDERHOEFT**

1/19/2002

507-344-7395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)