

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02201

FILED
Jan 16, 2009
Secretary of State

Entity Name: EVANGELICAL LUTHERAN SYNOD, INC.

Current Principal Place of Business:

6 BROWNS COURT
MANKATO, MN 560016121 US

New Principal Place of Business:

Current Mailing Address:

6 BROWNS COURT
MANKATO, MN 560016121 US

New Mailing Address:

FEI Number: 23-7181739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: OBENBERGER, GLEN REV
Address: 919-120TH STREET S
City-St-Zip: TACOMA, WA 98444

Title: SD () Delete
Name: FERKENSTAD, REV. CRAIG A
Address: RR 3 BOX 40
City-St-Zip: ST. PETER, MN 560829515

Title: T () Delete
Name: WIEDERHOEFT, KEITH D
Address: 2508 MARWOOD DRIVE
City-St-Zip: MANKATO, MN 56001

Title: D () Delete
Name: EWERT, DAVID
Address: 369 CAROL CT
City-St-Zip: NORTH MANKATO, MN 56003

Title: PD () Delete
Name: MOLDSTAD, JOHN JR
Address: 6 BROWN COURT
City-St-Zip: MANKATO, MN 56001

Title: D () Delete
Name: BROWN, ROBERT
Address: W305 N5660 STEVENS RD
City-St-Zip: HARTLAND, WI 53029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH D. WIEDERHOEFT

T

01/16/2009

Electronic Signature of Signing Officer or Director

Date