

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02201

FILED  
Jan 05, 2012  
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  
Name: OBENBERGER, GLEN REV  
Address: 919-120TH STREET S  
City-St-Zip: TACOMA, WA 98444

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

Title: T  
Name: WIEDERHOEFT, KEITH D  
Address: 209 CRYSTAL CIRCLE  
City-St-Zip: MANKATO, MN 56001

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: KEITH WIEDERHOEFT

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01/05/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date