

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90830 024 \*\*\*\*61.25

**DOCUMENT # P02201**

1. Entity Name  
**EVANGELICAL LUTHERAN SYNOD, INC.**



Principal Place of Business

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

Mailing Address

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

**11001075**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **23-7181739**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORVICK, REV GEORGE 6 BROWNS COURT MANKATO MN 56001-6121	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERKENSTAD, REV. CRAIG A RR 3 BOX 40 ST. PETER MN. 56082-9515	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WIEDERHOEFT, KEITH D 2508 MARWOOD DRIVE MANKATO MN 56001	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, GREG 1405 BURNING WOOD WAY MADISON WI. 53704-1009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVORSON, ALBIN 668 45TH ST. NORTHWOOD IA 50459-8776	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Obenberger, Rev. Glenn 919 - 120th Street S Tacoma, WA 98444	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Moldstad, Rev. John Jr 6 Browns Court Mankato, MN 56001	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Borlaug, Allen 1035 Windsor Avenue Waucoma, IA 52171	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brown, Robert W305 N5660 Stevens Road Hartland, WI 53029	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lieske, Wilbur 9 Skyline Drive Mankato, MN 56001	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Meyer, Leroy 1038 S. Lewis Avenue Lombard, IL 60148	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 Wiederhoeft* RK. WIEDERHOEFT

1/08/03

507-344-7395

CR2E037 (10/02)



**Evangelical  
Lutheran Synod**

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Title	D
Name	Doepel, Rev. Martin
Street Address	212 Volk Street
City-ST-ZIP	Portage, WI 53901

Attachment

# P02201

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