

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 18, 1999 8:00am**  
**Secretary of State**

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

02-18-1999 90128 005 \*\*\*\*\*61.25

**DOCUMENT # P18827**

1. Corporation Name  
**EVANGELICAL LUTHERAN CHURCH IN AMERICA, INC.**

Principal Place of Business  
 8765 WEST HIGGINS ROAD  
 CHICAGO IL 60631

Mailing Address  
 C/O LEGAL DEPT  
 8765 W HIGGINS RD  
 CHICAGO IL 60631  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/14/1988	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		41-1568278	
Country		Country		Applied For	
4		25		Not Applicable	
29		30		5. Certificate of Status Desired <input type="checkbox"/>	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		\$8.75 Additional Fee Required	
CT CORPORATION SYSTEM		81 Name		6. Election Campaign Financing	
1200 S. PINE ISLAND ROAD		82 Street Address (P.O. Box Number is Not Acceptable)		<input type="checkbox"/>	
PLANTATION FL 33324		83		Trust Fund Contribution	
		84 City		<input type="checkbox"/>	
		FL		\$5.00 May Be Added to Fees	
		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  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, H GEORGE	1.2 NAME	
STREET ADDRESS	8765 W. HIGGINS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, ADDIE J	2.2 NAME	
STREET ADDRESS	5417 LAURENS ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19144	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALMEN, LOWELL G.	3.2 NAME	
STREET ADDRESS	8765 W. HIGGINS ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCAULIFFE, RICHARD L.	4.2 NAME	
STREET ADDRESS	8765 W. HIGGINS ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
List of Directors (Church Council Members) Attached			

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: *[Signature]* **SIGNATURE REQUIRED** 1-8-99 773-380-2604  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)