

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90063 005 \*\*\*\*61.25

**DOCUMENT # P18827**

1. Entity Name

**EVANGELICAL LUTHERAN CHURCH IN AMERICA, INC.**

Principal Place of Business

Mailing Address

8765 WEST HIGGINS ROAD  
 CHICAGO IL 60631

C/O LEGAL DEPT  
 8765 W HIGGINS RD  
 CHICAGO IL 60631-4101  
 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

**41-1568278**

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

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 ANDERSON, H GEORGE**  
 STREET ADDRESS **8765 W. HIGGINS ROAD**  
 CITY-ST-ZIP **CHICAGO IL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD BUTLER, ADDIE J**  
 STREET ADDRESS **5417 LAURENS ST**  
 CITY-ST-ZIP **PHILADELPHIA PA 19144**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD ALMEN, LOWELL G.**  
 STREET ADDRESS **8765 W. HIGGINS ROAD**  
 CITY-ST-ZIP **CHICAGO IL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD MCAULIFFE, RICHARD L.**  
 STREET ADDRESS **8765 W. HIGGINS ROAD**  
 CITY-ST-ZIP **CHICAGO IL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS **List of Board of Directors**  
 CITY-ST-ZIP **(Church Council Mbrs attached)**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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)(l), 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:**

*Lowell G. Almen*  
**LOWELL G. ALMEN**

**01-05-2000**

Date

**773.380.2805**

Daytime Phone #

CR2E037 (9/99)