

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2005
Secretary of State

DOCUMENT# P18827

Entity Name: EVANGELICAL LUTHERAN CHURCH IN AMERICA, INC.

Current Principal Place of Business:

8765 WEST HIGGINS ROAD
CHICAGO, IL 60631

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 41-1568278 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD () Delete
Name: HANSON, MARK S
Address: 8765 W. HIGGINS ROAD
City-St-Zip: CHICAGO, IL

Title: VD () Delete
Name: PENA, CARLOS
Address: 5010 DENVER DRIVE
City-St-Zip: GALVESTON, TX 775515939

Title: SD () Delete
Name: ALMEN, LOWELL G.,
Address: 8765 W. HIGGINS ROAD
City-St-Zip: CHICAGO, IL

Title: TD () Delete
Name: JACKSON-SKELTON, CHRISTINA
Address: 8765 W. HIGGINS ROAD
City-St-Zip: CHICAGO, IL

Title: BOD () Delete
Name: ANDERSON, KARL
Address: 9746 FRANCE CT
City-St-Zip: LAKEVILLE, MN 55044

Title: BOD () Delete
Name: BROWN, LINDA
Address: 5412-11TH ST. SOUTH
City-St-Zip: FARGO, ND 58103

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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Address:
City-St-Zip:

Title: () Change () Addition
Name:
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 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 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: LOWELL G. ALMEN

SD

01/03/2005

Electronic Signature of Signing Officer or Director

Date