2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02201

Entity Name: EVANGELICAL LUTHERAN SYNOD, INC.

Current Principal Place of Business:

6 BROWNS COURT

MANKATO, MN 56001-6121

Current Mailing Address:

6 BROWNS COURT

MANKATO, MN 56001-6121 US

FEI Number: 23-7181739 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

FILED Jan 12, 2015

Secretary of State

CC6697294330

Officer/Director Detail:

Title VP Title SECRETARY, DIRECTOR

Name OBENBERGER, REV. GLEN Name FERKENSTAD, REV. CRAIG A

Address 919-120TH STREET S Address 37769 STATE HWY 22

City-State-Zip: TACOMA WA 98444 City-State-Zip: ST. PETER MN 56082

Title TREASURER Title DIRECTOR

NameWIEDERHOEFT, KEITH DNameEWERT, DAVIDAddress209 CRYSTAL CIRCLEAddress369 CAROL CT

City-State-Zip: MANKATO MN 56001 City-State-Zip: NORTH MANKATO MN 56003

Title PRESIDENT, DIRECTOR Title DIRECTOR

Name MOLDSTAD, REV. JOHN JR Name BROWN, ROBERT

Address 6 BROWN COURT Address W305 N5660 STEVENS RD

City-State-Zip: MANKATO MN 56001 City-State-Zip: HARTLAND WI 53029

Title DIRECTOR Title DIRECTOR

Name BEHR, DENNIS Name SCHNIEDER, REV. PAUL
Address Address 4425 WEST MAIN ST

Address 3025 WAUBESA AVE Address 4425 WEST MAIN ST

City-State-Zip: MADISON WI 53711 City-State-Zip: MIDLAND MI 48640-2304

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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 TREASURER 01/12/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name HEILIGER, DONALD

Address 2442 COUNTY ROAD AB

City-State-Zip: MCFARLAND WI 53558

Title DIRECTOR

Name MADSON, REV. JONATHAN

Address N50 W35209 E WISCONSIN AVE

City-State-Zip: OCONOMOWOC WI 53066

Title DIRECTOR

Name MEYER, LEROY

Address 2600 S FINLEY RD

APT 3301

City-State-Zip: LOMBARD IL 60148