

**2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02201

**FILED**  
**Jan 25, 2016**  
**Secretary of State**  
**CC7095137743**

**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

**Officer/Director Detail :**

Title VP  
Name OBENBERGER, REV. GLEN  
Address 919-120TH STREET S  
City-State-Zip: TACOMA WA 98444

Title SECRETARY, DIRECTOR  
Name FERKENSTAD, REV. CRAIG A  
Address 37769 STATE HWY 22  
City-State-Zip: ST. PETER MN 56082

Title TREASURER  
Name WIEDERHOEFT, KEITH D  
Address 209 CRYSTAL CIRCLE  
City-State-Zip: MANKATO MN 56001

Title DIRECTOR  
Name EWERT, DAVID  
Address 369 CAROL CT  
City-State-Zip: NORTH MANKATO MN 56003

Title PRESIDENT, DIRECTOR  
Name MOLDSTAD, REV. JOHN JR  
Address 6 BROWN COURT  
City-State-Zip: MANKATO MN 56001

Title DIRECTOR  
Name BROWN, ROBERT  
Address W305 N5660 STEVENS RD  
City-State-Zip: HARTLAND WI 53029

Title DIRECTOR  
Name BEHR, DENNIS  
Address 3025 WAUBESA AVE  
City-State-Zip: MADISON WI 53711

Title DIRECTOR  
Name SCHNIEDER, REV. PAUL  
Address 4425 WEST MAIN ST  
City-State-Zip: MIDLAND MI 48640-2304

**Continues on page 2**

*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**

**01/25/2016**

\_\_\_\_\_  
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