

2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

DOCUMENT# P02201

Jan 10, 2014

Entity Name: EVANGELICAL LUTHERAN SYNOD, INC.

**Secretary of State
CC0531869216**

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

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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

01/10/2014

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 MEYER, LEROY
Address 2600 S FINLEY RD
APT 3301
City-State-Zip: LOMBARD IL 60148

Title DIRECTOR
Name MADSON, REV. JONATHAN
Address N50 W35209 E WISCONSIN AVE
City-State-Zip: OCONOMOWOC WI 53066