

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 827304 (7)
1. Corporation Name
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY



Principal Place of Business: **1000 WEST AVENUE NORTH
4800 WEST 57TH STREET
SIOUX FALLS SD 57106
US**

Mailing Address: **4800 WEST 57TH STREET
SIOUX FALLS SD 57106
US**

3. Date Incorporated or Qualified: **01/11/1972**
3a. Date of Last Report: **02/09/1995**

4. FEI Number: **45-0228055**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**

2a. Mailing Address: **26 4800 W. 57th Street**

Suite, Apt. #, etc.: **22**

City & State: **23 Sioux Falls, SD**

Zip: **24 57106** Country: **25 USA**

City & State: **27**

City & State: **28 Sioux Falls, SD**

Zip: **29 57117-5038** Country: **30 USA**

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent:

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERSTAD, MARK	1.2 NAME	
STREET ADDRESS	4800 WEST 57TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	SIOUX FALLS SD	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUSE, SYLVIA	2.2 NAME	
STREET ADDRESS	4800 WEST 57TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	SIOUX FALLS SD	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLDHUSEN, DAN	3.2 NAME	
STREET ADDRESS	480 WEST 57TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	SIOUX FALLS SD	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEMBER, MARILYN	4.2 NAME	
STREET ADDRESS	345 DAHLIA ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIESS, RICHARD	5.2 NAME	
STREET ADDRESS	4704 SUNDANCE CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SIOUX FALLS SD	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGE, CURTIS L	6.2 NAME	
STREET ADDRESS	8007 OAK TRAIL RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	SIOUX FALLS SD	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **2-26-96** **(605) 362-3100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)