

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 15, 2011
Secretary of State

DOCUMENT# 827304

Entity Name: THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Current Principal Place of Business:

4800 WEST 57TH STREET
SIOUX FALLS, SD 57108 US

New Principal Place of Business:

Current Mailing Address:

4800 WEST 57TH STREET
SIOUX FALLS, SD 57108 US

New Mailing Address:

FEI Number: 45-0228055 **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 RD.
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: T
Name: NYLANDER, RAYE NAE D
Address: 4800 WEST 57 AVE STREET
City-St-Zip: SIOUX FALLS, SD 57108

Title: P
Name: HORAZDOVSKY, DAVID J
Address: 4800 WEST 57TH STREET
City-St-Zip: SIOUX FALLS, SD 57108

Title: S
Name: GAUSE, SYLVIA F
Address: 4800 WEST 57TH STREET
City-St-Zip: SIOUX FALLS, SD 57108

Title: EVP
Name: MOEGENBURG, CYNTHIA L
Address: 4800 WEST 57TH STREET
City-St-Zip: SIOUX FALLS, SD 57108

Title: AT
Name: HERDINA, JOSEPH E
Address: 4800 WEST 57TH STREET
City-St-Zip: SIOUX FALLS, SD 57108

Title: AS
Name: HAM-QUICK, MISTY L
Address: 4800 WEST 57TH STREET
City-St-Zip: SIOUX FALLS, SD 57108

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: DAVID J. HORAZDOVSKY

PRES

09/15/2011

Electronic Signature of Signing Officer or Director

_____ Date