

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003903

FILED
Jan 27, 2009
Secretary of State

Entity Name: SOUTH DAYTONA BEACH GOOD SAMARITAN HOUSING, INC.

Current Principal Place of Business:

4800 WEST 57TH STREET
SIOUX FALLS, SD 57117

New Principal Place of Business:

Current Mailing Address:

4800 WEST 57TH STREET
SIOUX FALLS, SD 57117

New Mailing Address:

FEI Number: 46-0461264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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: D () Delete
Name: PENN, JOHN C
Address: 4800 WEST 57TH STREET
City-St-Zip: SIOUX FALLS, SD 57117

Title: D () Delete
Name: HAUBENSAK, RICHARD J
Address: 17402 RIVIERA DRIVE
City-St-Zip: OMAHA, NE 68136

Title: P () Delete
Name: HORAZDOVSKY, DAVID J
Address: 4800 WEST 57TH STREET
City-St-Zip: SIOUX FALLS, SD 57117

Title: VPST () Delete
Name: NYLANDER, RAYE NAE
Address: 4800 WEST 57TH STREET
City-St-Zip: SIOUX FALLS, SD 57117

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HAUGEN, PATRICIA K
Address: 900 EAST JUSTIN DRIVE
City-St-Zip: SIOUX FALLS, SD 57108

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: NICKERSON, SUSAN E
Address: 1803 WALNUT STREET
City-St-Zip: HAYS, KS 67601

Title: D () Change (X) Addition
Name: BINDER, PAUL R
Address: 625 FOUTH AVE., S., SUITE 1500
City-St-Zip: MINNEAPOLIS, MN 55415

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID J. HORAZDOVSKY

PRES

01/27/2009

Electronic Signature of Signing Officer or Director

Date