

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 827304

**FILED**  
**Apr 10, 2024**  
**Secretary of State**  
**2292417659CC**

**Entity Name:** THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

**Current Principal Place of Business:**

4800 WEST 57TH STREET  
SIOUX FALLS, SD 57108

**Current Mailing Address:**

4800 WEST 57TH STREET  
SIOUX FALLS, SD 57108 US

**FEI Number:** 45-0228055

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324 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, FINANCE  
Name FLUIT, JOEL  
Address 4800 WEST 57TH STREET  
City-State-Zip: SIOUX FALLS SD 57108

Title CHAIRPERSON  
Name SCHMITH, DARRELL  
Address 4800 WEST 57TH STREET  
City-State-Zip: SIOUX FALLS SD 57108

Title VICE CHAIRPERSON  
Name NORMAN, LINDA  
Address 4800 WEST 57TH STREET  
City-State-Zip: SIOUX FALLS SD 57108

Title TREASURER  
Name WOOTEN, SCOTT  
Address 4800 WEST 57TH STREET  
City-State-Zip: SIOUX FALLS SD 57108

Title DIRECTOR  
Name PETERSEN, SCOTT  
Address 4800 WEST 57TH STREET  
City-State-Zip: SIOUX FALLS SD 57108

Title DIRECTOR  
Name SCHMITH, DARRELL  
Address 4800 WEST 57TH STREET  
City-State-Zip: SIOUX FALLS SD 57108

Title DIRECTOR  
Name AUSTAD, DAVID  
Address 4800 WEST 57TH STREET  
City-State-Zip: SIOUX FALLS SD 57108

Title DIRECTOR  
Name KOOP, THOMAS  
Address 4800 WEST 57TH STREET  
City-State-Zip: SIOUX FALLS SD 57108

**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:** NATHAN SCHEMA

**PRESIDENT**

**04/10/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HOCKS, MATT  
Address 4800 WEST 57TH STREET  
City-State-Zip: SIOUX FALLS SD 57108

Title DIRECTOR  
Name MELLAND, HELEN  
Address 4800 WEST 57TH STREET  
City-State-Zip: SIOUX FALLS SD 57108

Title DIRECTOR  
Name SCHEMA, NATHAN  
Address 4800 WEST 57TH STREET  
City-State-Zip: SIOUX FALLS SD 57108

Title SECRETARY  
Name ROGERS, MICHAEL  
Address 4800 WEST 57TH STREET  
City-State-Zip: SIOUX FALLS SD 57108

Title DIRECTOR  
Name NORMAN, LINDA  
Address 4800 WEST 57TH STREET  
City-State-Zip: SIOUX FALLS SD 57108

Title PRESIDENT  
Name SCHEMA, NATHAN  
Address 4800 WEST 57TH STREET  
City-State-Zip: SIOUX FALLS SD 57108

Title VP  
Name MIDDLETON, AIMEE N  
Address 4800 WEST 57TH STREET  
City-State-Zip: SIOUX FALLS SD 57108

Title DIRECTOR  
Name BRESCIANI, DEAN L PHD  
Address 4800 WEST 57TH STREET  
City-State-Zip: SIOUX FALLS SD 57108