

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 22, 2008  
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 57106 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5038  
SIOUX FALLS, SD 571175038 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 ( ) Delete  
Name: RAYE, NYLANDER  
Address: 4800 WEST 57 AVE STREET  
City-St-Zip: SIOUX FALLS, SD 57106

Title: P ( ) Delete  
Name: HORAZDOVSKY, DAVID J  
Address: 4800 WEST 57TH STREET  
City-St-Zip: SIOUX FALLS, SD 57106

Title: S ( ) Delete  
Name: GAUSE, SYLVIA  
Address: 4800 WEST 57 STREET  
City-St-Zip: SIOUX FALLS, SD 57106

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

01/22/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date