

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

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	26. 4800 W. 57th Street	45-0228055	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
57106	USA	57117-5038	USA
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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	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	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	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	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	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	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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-96 (605) 362-3100
Date Daytime Phone #

CR2E037 (12/95)