

2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 30, 2016
Secretary of State
CC5924448126

Entity Name: THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Current Principal Place of Business:

C/OTHE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY
4800 WEST 57TH STREET P.O. BOX 5038
SIOUX FALLS, SD 57117-5038

Current Mailing Address:

C/OTHE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY
4800 WEST 57TH STREET P.O. BOX 5038
SIOUX FALLS, SD 57117-5038 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 PRESIDENT, DIRECTOR
Name HORAZDOVSKY, DAVID J
Address C/OTHE EVANGELICAL LUTHERAN
 GOOD SAMARITAN SOCIETY
 4800 WEST 57TH STREET P.O. BOX
 5038
City-State-Zip: SIOUX FALLS SD 57117-5038

Title SECRETARY
Name KAPUSTA, THOMAS J
Address C/OTHE EVANGELICAL LUTHERAN
 GOOD SAMARITAN SOCIETY
 4800 WEST 57TH STREET P.O. BOX
 5038
City-State-Zip: SIOUX FALLS SD 57117-5038

Title TREASURER
Name TRIBBLE, G. GRANT
Address C/OTHE EVANGELICAL LUTHERAN
 GOOD SAMARITAN SOCIETY
 4800 WEST 57TH STREET P.O. BOX
 5038
City-State-Zip: SIOUX FALLS SD 57117-5038

Title DIRECTOR
Name ANDERSON, BENJAMIN P.
Address 3403 CAFE COURT
City-State-Zip: KISSIMMEE FL 34746

Title DIRECTOR
Name CAMERO, PATRICIA L.
Address 284 OPIHIKAO WAY
City-State-Zip: HONOLULU HI 96825

Title DIRECTOR
Name DEUTH, MICHAEL JON
Address 14272 COTTAGE GROVE DRIVE
City-State-Zip: BAXTER MN 56425

Title DIRECTOR
Name KRZMARZICK, HEATHER L.
Address 3908 WEST 90TH STREET
City-State-Zip: SIOUX FALLS SD 57108

Title DIRECTOR
Name MARCH-CURTIS, CONNIE SUE
Address 1025 MALLARD LANE
City-State-Zip: PEOTONE IL 60568

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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: THOMAS J. KAPUSTA

SECRETARY

03/30/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MATSON, GUY RICHARD
Address 925 STAGECOACH DRIVE
City-State-Zip: LAS CRUCES NM 88011

Title DIRECTOR
Name SCHUMANN, JILL ANN
Address 45 BLOSSOM LANE
City-State-Zip: BIGLERVILLE PA 17307

Title DIRECTOR
Name STENE, DENNIS DEAN
Address 4200 W. WOODWIND LANE
City-State-Zip: SIOUX FALLS SD 57103

Title DIRECTOR
Name GRINDAL, HARALD THEODORE
Address 514 RIVER STREET
City-State-Zip: MINNEAPOLIS MN 55401

Title DIRECTOR
Name HALAAS, GWEN WAGSTROM
Address 3549 IVY DRIVE
City-State-Zip: GRAND FORKS ND 58201

Title DIRECTOR
Name RACEK, JOHN ROGER
Address 11 SAINT ALBANS ROAD EAST
City-State-Zip: HOPKINS MN 55305

Title DIRECTOR
Name ST. MARY, SHARON ANNE
Address 347 LEWIS STREET
City-State-Zip: ST. PAUL MN 55117

Title DIRECTOR
Name HOLT, JOHN FRANKLIN
Address 421 RIDGE ROAD
City-State-Zip: ALBERT LEA MN 56007

Title DIRECTOR
Name GARD, ALAN RAY
Address 17504 RIGGS STREET
City-State-Zip: OMAHA NE 68135