

2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003903

FILED
Mar 30, 2016
Secretary of State
CC6271590810

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

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: 46-0461264

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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
Name SYVERSON, THOMAS A.
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 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 DIRECTOR
Name BORDA, JOYCE
Address 13 GLEN COVE COURT
City-State-Zip: DAYTONA BEACH FL 32174

Title DIRECTOR
Name GANIOUS, ALONIA
Address 1036 DERBYSHIRE ROAD
City-State-Zip: DAYTONA BEACH FL 32117

Title DIRECTOR
Name LINTON, EDITH
Address 5 CEDAR STREET
City-State-Zip: PORT ORANGE FL 32127

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

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

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: THOMAS J. KAPUSTA

SECRETARY

03/30/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HORAZDOVSKY, DAVID JAMES
Address 1112 EAST DOVE TRAIL
City-State-Zip: SIOUX FALLS SD 57108

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

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

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