


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90068 001 \*\*\*183.75

**DOCUMENT # F03000003903**

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



Principal Place of Business  
 4800 WEST 57TH STREET  
 SIOUX FALLS, SD 57117

Mailing Address  
 4800 WEST 57TH STREET  
 SIOUX FALLS, SD 57117

00400111



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01202004 Chg-NP CR2E037 (10/03)

City & State

City & State

Zip Country Zip Country

4. FEI Number  
 46-0461264

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.  
 417 EAST VIRGINIA STREET, STE. 1  
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BINDER, PAUL R	
STREET ADDRESS	4800 WEST 57TH STREET	
CITY-ST-ZIP	SIOUX FALLS, SD 57117	
TITLE	D	<input type="checkbox"/> Delete
NAME	BITTEL, SUSAN E	
STREET ADDRESS	109 WEST 10TH STREET	
CITY-ST-ZIP	HAYS, KS 67601	
TITLE	P	<input type="checkbox"/> Delete
NAME	HORAZDOVSKY, DAVID J	
STREET ADDRESS	4800 WEST 57TH STREET	
CITY-ST-ZIP	SIOUX FALLS, SD 57117	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	NYLANDER, RAYE NAE	
STREET ADDRESS	4800 WEST 57TH STREET	
CITY-ST-ZIP	SIOUX FALLS, SD 57117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David J Horazdovsky 2.26.04 605-362-3100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #