

**2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000002665

**FILED**  
**Apr 27, 2016**  
**Secretary of State**  
**CC6311523373**

**Entity Name:** ELIM CARE FOUNDATION (INCORPORATED)

**Current Principal Place of Business:**

7485 OFFICE RIDGE CIR  
EDEN PRAIRIE, MN 55344

**Current Mailing Address:**

7485 OFFICE RIDGE CIR  
EDEN PRAIRIE, MN 55344 US

**FEI Number:** 41-4694817

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HOLCK, CHRIS  
5600 HERITAGE BLVD  
WILDWOOD, FL 34785 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            CEO  
Name            DAHL, ROBERT M  
Address        7485 OFFICE RIDGE CIR  
City-State-Zip: EDEN PRAIRIE MN 55344

Title            DIRECTOR  
Name            BRUNSCHEEN, SCOTT  
Address        1355 S WILLOW CIR  
City-State-Zip: WEST DES MOINES IA 50266

Title            DIRECTOR  
Name            GOODEN, KEN REV  
Address        3749 LAWNSDALE LN N  
City-State-Zip: PLYMOUTH MN 55446-2956

Title            DIRECTOR  
Name            JEAN HILL, DONNA  
Address        734 AMBER DR  
City-State-Zip: ST PAUL MN 55126-4101

Title            DIRECTOR  
Name            JOHNSON, LAVERN "VERN" G  
Address        8940 JASPER AVE NW  
City-State-Zip: ANNANDALE MN 55302-2444

Title            DIRECTOR  
Name            LARSON, JAN  
Address        3819 25TH STREET NW  
City-State-Zip: WAVERLY MN 55390

Title            DIRECTOR  
Name            PETERSON, ROLAND  
Address        235 CRAIGBROOK WAY NE  
City-State-Zip: FRIDLEY MN 55432

Title            DIRECTOR  
Name            PRENTISS, ROBERT  
Address        2370 SIOUX COURT  
City-State-Zip: NEW BRIGHTON MN 55112

**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:** KATHRYN YOUNGQUIST

**CFO**

**04/27/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           WESSMAN, HENRY  
Address        1594 SUNDANCE DRIVE  
City-State-Zip: FARGO ND 58104

Title           CFO  
Name           YOUNGQUIST, KATHRYN  
Address        7485 OFFICE RIDGE CIRCLE  
City-State-Zip: EDEN PRAIRIE MN 55344