1996
RETURN TO
SECRETARY OF STATE
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: $10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $25 APPLIES TO ALL LATE FILINGS

FILE DATE 5-6-96
RECEIPT NO. 54273/

RECEIVED
MAR 25 1996
S.D. SEC. OF STATE

RECEIVED
MAY 6 1996

1. Corporate Name, Registered Agent and Registered Address:

CH-000308 MAR/93
NEW HELGEN LUTHERAN
MELAND, NORRIS
BOX 23
WALLACE, SD 57272-0023

Day Time Phone # _____

Federal Identification # _____

FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE PRINTED ON THE REVERSE SIDE OF THIS FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is religious (lutheran church)

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is $ 360,000 .
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Harlan Johnson	President	15773 444th Ave	Florence	SD	57235
Pat	Vice President				
Pat Johnson	Secretary	15773 444th Ave	Florence	SD	57235
Helen Sumner	Treasurer	POBox 22	Florence	SD	57235

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Randy Schulz	Director	RR#2, Box 74	Waubay	SD	57273
John Johnson	Director	44942 155th St.	Ortley	SD	57256
Don Dale	Director	15424 434th Ave	Wallace	SD	57272

The report must be signed by the chairman of the board of directors, or its president, or any other officer in the presence of a notary public.

Dated March 15 1996

By Harlan Johnson
(Signature) must be signed in the presence of a notary

Its President
(Title)

STATE OF South Dakota
COUNTY OF Codington ss

I, Helen A. Sumner, a notary public, do hereby certify that on this 15 day of March 1996, personally appeared before me Harlan Johnson who, being by me first duly sworn, declared that he/she is the President of the corporation named above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires 7-2-96

Helen A. Sumner
Notary Public

(Notarial Seal)

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

FILING FEE: $5 in addition to annual report fee
No fee for postal renumbering. (must be stated on the form)

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is New Helgen Lutheran Church

2. The previous registered office address: PO Box 73, Wallace, SD ZIP 57272

3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. PO Box 5, 507 Lee Ave, Florence, SD ZIP 57235

4. The name of its previous registered agent is Norris Meland

5. The name of its successor (current) registered agent is Harlan Johnson *
   * The Consent of Registered Agent below must be completed by the new agent.

6. The street address, or a statement that there is no street address, of its registered office and the address of the office of its registered agent, as changed, will be identical. Such change was authorized by resolution duly adopted by its board of directors.

The statement must be signed by the chairman of the board of directors, or by its president or a vice president in the presence of a Notary Public.

Date 3-17 19 96

Harlan Johnson
(signature) must be signed in the presence of a notary

President
(title)

STATE OF South Dakota
COUNTY OF Codington ss

I, Helen A. Sumner, a notary public, do hereby certify that on this 17 day of March 1996, personally appeared before me Harlan Johnson who, being by me first duly sworn, declared that he/she is the President of the corporation named above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 7-2-96

Helen A. Sumner
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Harlan Johnson (name of registered agent), hereby give my consent to serve as the registered agent for New Helgen (corporate name)

Dated 3-17 19 96

Harlan Johnson
(signature)

[redacted]

[redacted]

RETURN TO
SECRETARY OF STATE
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: $10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $25 APPLIES TO ALL LATE FILINGS

FILE DATE [redacted]
RECEIPT NO. [redacted]

RECEIVED
APR 9
[redacted]

RECEIVED
MAR 19 1999
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

CH-000308 MAR/96
NEW HELGEN LUTHERAN
JOHNSON, HARLAN
507 LEE AVE
PO BOX 5
FLORENCE, SD 57235-0005

Day Time Phone # _____

Federal Identification # _____

FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE PRINTED ON THE REVERSE SIDE OF THIS FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is Lutheran Religious Activities - Regular Services, Sunday School, Vacation Bible School etc.

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is $ 153,000.
*Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
LeRoy Bergan	President	15445 442 Av	Florence	SD	57235
Stacy Wirtjes	Vice President	419 Lee Av	Florence	SD	57235
Renee Lehman	Secretary Treasurer	122 Main Ave P.O. 157	Florence	SD	57235

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
LeRoy Bergan	Director	15445 442 Ave	Florence	SD	57235
Sheri Jacobsen	Director	P.O. Box 51	Florence	SD	57235
Stacy Wirtjes	Director	419 Lee Ave	Florence	SD	57235

The report must be signed by the chairman of the board of directors, or its president, or any other officer in the presence of a notary public.

Dated 3-18 19 99

By Le Roy Bergan
(Signature) must be signed in the presence of a notary

Its President
(Title)

STATE OF SD
ss
COUNTY OF Codington

I, Gene C. Ward, a notary public, do hereby certify that on this 18 day of March 19 99, personally appeared before me LeRoy Bergan who, being by me first duly sworn, declared that he/she is the President of the corporation named above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires _____

Notary Public

(Notarial Seal)

Gene C. Ward, Notary Public
Codington County, South Dakota
My Commission Expires November 22, 2002

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

File Date_____
Receipt No._____

FILING FEE: $5 in addition to annual report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The previous (old) registered office address _____
   _____ ZIP + 4 _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____
   _____ ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor (current) registered agent is * _____
   *The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another of its officers in the presence of a notary of public.

Dated _____ 19 ____ _____
(Signature) must be signed in the presence of a notary)

_____
(Title)

STATE OF _____ ss
COUNTY OF _____

I, _____ ,a notary public, do hereby certify that on this _____ day of _____ 19____ , personally appeared before me _____ who, being by me first duly sworn, declared that he/she is the _____ of _____ _____ that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires _____ _____
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____ ,hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)
Dated _____ 19 ____ _____
(signature)

0204213.4448

2002 NONPROFIT REPORT

21304448
4/5/02

PLEASE TYPE OR USE BLACK INK

FILING FEE: $10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $25 APPLIES TO ALL LATE FILINGS

FILE DATE 3-12-02
RECEIPT NO. 1077537
RECEIVED
MAR 12 '02
S.D. ...

1. Corporate Name, Registered Agent and Registered Address:

-CH-000308-
CH-000308 MAR/1999
NEW HELGEN LUTHERAN
JOHNSON, HARLAN
507 LEE AVE
PO BOX 5
FLORENCE SD 57235-0005

Day Time Phone #
Federal Taxpayer II
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is Evangelical Lutheran Church of America

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is $ 358,000 ∞
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Ricky Alesea	President	15332 449th Avenue	Ortley	S.D	57256
Bruce Schwinger	Vice President	Box 94	Florence	S.D	57235
Sharon Morrison	Secretary	P.O. Box 81	Florence	S.D	57235
Charles Zinkel	Treasurer	Box 5	Florence	S.D	57235

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Harlan Melang	Director	43812 156th St	Wallace	SD	57272
Steve Solum	Director	16155 447th Ave	Florence	S.D	57235
Ray Johnson	Director	44947 175th St	Ortley	S.D	57256

The report must be signed by the chairman of the board of directors, or its president, or any other officer in the presence of a notary public.

Dated 3-6-02

By Ricky Alesea
(Signature)

Its President
(Title)

STATE OF South Dakota
COUNTY OF Codington ss

On this the 6th day of March, 2002, before me, Penni J. Sieh personally appeared Ricky Alesea, known to me, or proved to me, to be the President of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires 5-15-07

(Notarial Seal)

Penni J. Sieh
Notary Public

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
PHONE: 605-773-4845 FAX (605) 773-4550

nsar.pdf

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
Fax (605) 773-4550

NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

FILING FEE: $5 In addition to corporate report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is ~~Florence Lutheran~~ New Helgen Lutheran
2. The previous street address, or a statement that there is no street address, or its registered office 507 Lee Ave Florence SD ZIP 57235
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. 507 Lee Ave Florence SD ZIP 57235
4. The name of its previous registered agent is Harlan Johnson
5. The name of its successor (current) registered agent is * Rick Aslesen

*The Consent of Registered Agent below **must** be completed by the new agent.

6. *The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.*
7. This change has been authorized by resolution duly adopted by the board of directors

The statement may be signed by the chairman of the board of directors, by its president, or by another of its officers in the presence of a notary of public.

Dated 3-6-02

Ricky Aslesen
(Signature must be signed in the presence of a notary)

President
(Title)

STATE OF South Dakota
COUNTY OF Codington ss

I, Pennie Sick, a notary public, do hereby certify that on this 6th day of March, 2002, personally appeared before me Ricky Aslesen who, being by me first duly sworn, declared that he/~~she~~ is the President of New Helgen Lutheran that he/~~she~~ signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 5-15-07

Pennie J. Sick
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Ricky Aslesen (name of registered agent), hereby give my consent to serve as the registered agent for New Helgen Lutheran (corporate name)

Dated 3-6-02

Ricky Aslesen
(signature of registered agent)

227 1695 05/14/2004

2004 NONPROFIT REPORT

RECEIVED APR 20 '04 S.D. SEC. of STATE

FILE DATE 4/20/04
RECEIVED 1317628 MAR 25 '04 S.D. SEC. OF STATE

PLEASE TYPE OR USE BLACK INK

— FILING FEE: $10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $25 APPLIES TO ALL LATE FILINGS

1. Corporate Name, Registered Agent and Registered Address:

CH000308

CH000308 MAR/2002
NEW HELGEN LUTHERAN
JOHNSON, HARLAN
507 LEE AVE
PO BOX 5
FLORENCE SD 57235-0005

Day Time Phone # 758-2362
Federal Taxpa
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

~~IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.~~

2. The nature of the affairs which the corporation is conducting in South Dakota is Evangelical Lutheran Church

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is $ 217,000 *
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Rick Aslesen	President	15332	449th Ave	Ortley	SD 57256
Nathan Meland	Vice President	43812	156th St	Wallace	SD 57272
Sharon Morrison	Secretary	Box 81	Florence	SD	57235
Chuck Zibel	Treasurer	Box 54	Florence	SD	57235

5. The names and addresses of directors **(State law requires a minimum of three).** If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Rick Aslesen	Director	15332	449th Ave	Ortley	SD 57256
Nathan Meland	Director	43812	156th St	Wallace	SD 57272
Sharon Morrison	Director	Box 81	Florence	SD	57235

The report must be signed by the chairman of the board of directors, or its president, or any other officer in the presence of a notary public.

Dated 3-3-04

By Ricky Aslesen
(Signature)

Its President
(Title)

STATE OF South Dakota
COUNTY OF Codington ss

On this the 3 day of MARCH ,2004, before me, Ricky Aslesen personally appeared Ricky Aslesen, known to me, or proved to me, to be the Pres. of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires 10-21-2009

James H Knudson
Notary Public

(Notarial Seal)

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
PHONE: 605-773-4845 FAX (605) 773-4550
www.sdsos.gov

nsar.pdf

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
Fax (605) 773-4550

NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

FILING FEE: $5 In addition to corporate report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is NEW HELGEN LUTHERAN

2. The previous street address, or a statement that there is no street address, or its registered office 507 Lee Ave PO Box 5 ZIP 57235

3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. 507 Lee Ave. Florence, S.D. ~~PO Box 100~~ P.O. Box 5 ZIP 57235

4. The name of its previous registered agent is Harlan Johnson

5. The name of its successor (current) registered agent is * ~~President of New Helgen Church~~ Ricky Aslesen

***The Consent of Registered Agent below must be completed by the new agent.**

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another of its officers in the presence of a notary of public.

Dated 3-3-04

Ricky Aslesen
(Signature) must be signed in the presence of a notary)

President
(Title)

STATE OF South Dakota
COUNTY OF Codington
ss

I, James A. Knudson, a notary public, do hereby certify that on this 3 day of March, personally appeared before me Ricky Aslesen who, being by me first duly sworn, declared that he/she is the Pres. of New Helgen Lutheran that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 10-21-09

James A Knudson
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Ricky Aslesen Ricky Aslesen, hereby give my consent to serve as the
(name of registered agent)
registered agent for New Helgen Lutheran
(corporate name)

Dated 3-33-2004

Ricky Aslesen
(signature of registered agent)

234 0448 03/08/2005

2005 NONPROFIT REPORT

FILE DATE 03/01/05
RECEIPT NO. 141414

PLEASE TYPE OR USE BLACK INK

FILING FEE: $10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $25 APPLIES TO ALL LATE FILINGS

RECEIVED
MAR [illegible]
S.D. SEC. OF STATE

RECEIVED
FEB 22 '05
S.D. Sec. [illegible]

1. Corporate Name, Registered Agent and Registered Address:

CH000308

CH000308 MAR/2004
NEW HELGEN LUTHERAN
ASLESEN, RICKY
507 LEE AVE
PO BOX 5
FLORENCE SD 57235-0005

Day Time Phone # 605 758-2362
Federal Taxpa
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is Evangelical Lutheran Church

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is $ 247,000 *
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
James H. Knudson	President	44540 154th St	Florence	SD	57235
Rick Aslesen	Vice President	15332 449th Ave	Ortley	SD	57256
Kay Johnson	Secretary	44942 155th St	Ortley	SD	57256
Steve Solum	Treasurer	RR1 Box 76	Florence	SD	57235

5. The names and addresses of directors **(State law requires a minimum of three).** If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
James Knudson	Director	44540 154th St	Florence	SD	57235
Rick Aslesen	Director	15332 449th Ave	Ortley	SD	57256
Kay Johnson	Director	44942 155th St	Ortley	SD	57256

The report must be signed by the chairman of the board of directors, or its president, or any other officer.

Dated 2/14/2005

James H Knudson
(Signature)

President
(Title)

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
PHONE: 605-773-4845 FAX (605) 773-4550
www.sdsos.gov

nsar.pdf
Revised 07/04

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
Fax (605) 773-4550

NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

FILING FEE: $5 In addition to corporate report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is New Helgen Lutheran

2. The previous street address, or a statement that there is no street address, or its registered office 507 Lee Ave ; PO Box 5 Florence SD ZIP 57235

3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. PO Box 5; 507 Lee Ave. Florence SD ZIP 57235

4. The name of its previous registered agent is Ricky Ahlesen

5. The name of its successor (current) registered agent is * JAMES H. KNUDSON

***The Consent of Registered Agent below must be completed by the new agent.**

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another officer.

Dated 2/14/2005

James H Knudson
(Signature)

President
(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, JAMES KNUDSON (name of registered agent), hereby give my consent to serve as the registered agent for New Helgen Lutheran (corporate name)

Dated 2/14/2005

James H Knudson
(signature of registered agent)

Revised 07/04

2006 NONPROFIT REPORT

FILE DATE 3/3/06
RECEIPT NO. 1534506

RECEIVED MAR 03 '06 S.D. SEC. OF STATE

1534506 RECEIVED FEB 14 '06 S.D. SEC. OF STATE

246 3837

PLEASE TYPE OR USE BLACK INK

FILING FEE: $10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $25 APPLIES TO ALL LATE FILINGS

1. Corporate Name, Registered Agent and Registered Address:

CH000308

CH000308 MAR/2005
NEW HELGEN LUTHERAN
ASLESEN, RICKY
507 LEE AVE
PO BOX 5
FLORENCE SD 57235-0005

Day Time Phone # 605-758-2362
Federal Taxpa
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is Evangelical Lutheran Church

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is $ _____ *
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS		CITY	STATE	ZIP
James H. Knudson	President	44540	154th St	Florence	SD	57235
Rick Aslesen	Vice President	15332	449th Ave	Ortley	SD	57256
Kay Johnsen	Secretary	44942	155th St	Ortley	SD	57256
Steven Solum	Treasurer	16155	447th Ave	Florence	SD	57235

5. The names and addresses of directors **(State law requires a minimum of three).** If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS		CITY	STATE	ZIP
James H Knudson	Director	44540	154th St	Florence	SD	57235
Rick Aslesen	Director	15332	449th Ave	Ortley	SD	57256
Kay Johnsen	Director	44942	155th St	Ortley	SD	57256

The report must be signed by the chairman of the board of directors, or its president, or any other officer.

Dated 2/12/2006

James H Knudson
(Signature)

President
(Title)

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
PHONE: 605-773-4845 FAX (605) 773-4550
www.sdsos.gov

nsar.pdf
Revised 07/04

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
Fax (605) 773-4550

NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

FILING FEE: $5 In addition to corporate report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is New Helgen Lutheran Church

2. The previous street address, or a statement that there is no street address, or its registered office 507 Lee Ave; PO Box 5 Florence SD ZIP 57235

3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. 507 Lee Ave; PO Box 5 Florence SD ZIP 57235

4. The name of its previous registered agent is James H. Knudson

5. The name of its successor (current) registered agent is * James H. Knudson

***The Consent of Registered Agent below must be completed by the new agent.**

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another officer.

Dated 2/12/06

James H. Knudson
(Signature)

Pres.
(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, James H. Knudson (name of registered agent), hereby give my consent to serve as the registered agent for New Helgen Lutheran (corporate name)

Dated 2/12/2006

James H. Knudson
(signature of registered agent)

Revised 07/04

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
(605)773-4845
Fax (605)773-4550

10/25/2007 10:29:52 268 0529

NONPROFIT REPORT

2007

PLEASE TYPE OR USE BLACK INK

FILING FEE: $10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $25 APPLIES TO ALL LATE FILINGS

FILE DATE 10/05/07
RECEIPT NO. 1724050
P
RECEIVED
OCT 05 2007
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

New Helgen Lutheran
James H. Knudson
PO Box 5
507 Lee Ave
Florence, SD 57235-0005

CH000308

Day Time Phone # 605-758-2362

Federal Identification #_____

FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED IN NUMBER ONE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is Evangelical Lutheran Church

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is $ $80,000 approx. *

* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
☑ James H. Knudson	President	44540 154th St	Florence	SD	57235
☑ Lynn E Johnson	Vice President	15424 449th Ave	Ortley	SD	57256
☑ Janet Kornmann	Secretary	44324 157th St.	Florence	SD	57235
☑ Dale Nelson	Treasurer	1002 7th St	Florence	SD	57235

5. The names and addresses of directors **(State law requires a minimum of three).** If the directors and officers are the same individuals, please check the box next to the person's name above. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
James H Knudson	Director	44540 154th St	Florence	SD	57235
Lynn E Johnson	Director	15424 449th Ave	Ortley	SD	57256
Ricky Aslesen	Director	15332 449th Ave	Ortley	SD	57256

The report must be signed by the chairman of the board of directors, or its president, or any other officer.

Dated 10-4-2007.

James H Knudson
(Signature)

Pres
(Title)

2008 NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: $10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $25 APPLIES TO ALL LATE FILINGS

RECEIVED
MAY 30 2008
S.D. SEC. OF STATE

RECEIVED
JUN 05 2008
S.D. SEC. OF STATE

FILE DATE 06/05/08
RECEIPT NO. 1802403

RECEIVED
FEB 26 2008
S.D. SEC. OF STATE

277 2478

1. Corporate Name, Registered Agent and Registered Address:

CH000308

CH000308 MAR/2007
NEW HELGEN LUTHERAN
KNUDSON, JAMES A
507 LEE AVE
PO BOX 5
FLORENCE SD 57235-0005

Day Time Phone # 605 - 758 - 2362

Federal Taxpa

FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is Evangelical Lutheran Church

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is $ 350,000.00 *
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

	NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
☑	Sue Flisrand	President	15735 447th Ave.	Florence,	S.D.	57235
☑	Steve Wishard	Vice President	P.O. Box 65	Florence,	S.D.	57235
☑	Tracy Hlavacek	Secretary	16081 439th Ave.	Florence,	S.D.	57235
☐	Dale Nelsen	Treasurer	1002 7th St.	Florence,	SD.	57235

5. The names and addresses of directors **(State law requires a minimum of three)**. If the directors and officers are the same individuals, please check the box next to the person's name above. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
	Director				
	Director				
	Director				

The report must be signed by the chairman of the board of directors, or its president, or any other officer.

Dated 2/17/08

Sue Flisrand
(Signature)

President
(Title)

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
PHONE: 605-773-4845 FAX (605) 773-4550
www.sdsos.gov

nsar.pdf
Revised 07/06

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
Fax (605) 773-4550

NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

FILING FEE: $5 In addition to corporate report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is New Helgen Lutheran Church

2. The previous street address, or a statement that there is no street address, or its registered office 507 Lee Ave. P.O. Box 5 Florence, S.D. ZIP 57235

3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. 507 Lee Ave. P.O. Box 5 Florence, SD. ZIP 57235

4. The name of its previous registered agent is Sue Flisrand

5. The name of its successor (current) registered agent is * Sue Flisrand

***The Consent of Registered Agent below must be completed by the new agent.**

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another officer.

Dated 2/17/08

Sue Flisrand
(Signature)

President
(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Sue Flisrand, hereby give my consent to serve as the
(name of registered agent)
registered agent for New Helgen Lutheran Church
(corporate name)

Dated 2/17/2008

Sue Flisrand
(signature of registered agent)

Revised 07/04

2009 ANNUAL REPORT
DOMESTIC NONPROFIT

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

Please Type or Print Clearly in Ink

FILING FEE: $10 Make check payable to SECRETARY OF STATE

FILE DATE 4-1-09
RECEIPT NO 1903141
RECEIVED
MAR 17 2009
S.D. SEC. OF STATE

RECEIVED
APR 07 2009
S.D. SEC. OF STATE

289 3106

1. Corporate Name, Registered Agent Name and Address:

CH000308
CH000308 MAR/2008
NEW HELGEN LUTHERAN
FLISRAND, SUE
507 LEE AVE
PO BOX 5
FLORENCE SD 57235-0005

Telephone # 605-758-2362
FAX # none

FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

2. The address of the principal executive office in or out of the State of South Dakota.

507 Lee Ave.	Florence	SD	57235-0005
Street Address	City	State	ZIP+4
P.O. Box 5	Florence	SD	57235-0005
Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent New Helgen Lutheran Church/ Sue Flisrand

507 Lee Ave	Florence,	SD	57235-0005
Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
P.O. Box 5	Florence	S.D.	57235-0005
Mailing Address (Optional – Required to be a South Dakota Address)	City	State	ZIP+4

4. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least three directors.

☑	Sue Flisrand	15735 447th Ave.	Florence	SD	57235-5105
	President	Street Address	City	State	ZIP+4
☑	Randy Sieh	44490 Kline Ave.	Florence	SD	57235-5628
	Vice President	Street Address	City	State	ZIP+4
☑	Tracy Hlavacek	43869 161st St.	Wallace	SD	57272-5502
	Secretary	Street Address	City	State	ZIP+4
☐	Dale Nelsen	1002 7th St.	Florence,	SD	57235-2102
	Treasurer	Street Address	City	State	ZIP+4
☐					
	Director	Street Address	City	State	ZIP+4
☐					
	Director	Street Address	City	State	ZIP+4
☐					
	Director	Street Address	City	State	ZIP+4

Dated 3/5/09

Sue Flisrand
(Signature of an authorized officer)

Sue Flisrand
(Printed Name)

President
(Title)

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

FILING FEE: $10 Make check payable to SECRETARY OF STATE

The undersigned entity submits the following statement for purpose of changing its registered office and/or its registered agent in the State of South Dakota.

1. The name of the entity New Helgen Lutheran Church

2. The name of the registered agent on file Sue Flisrand

   The name of the successor registered agent Sue Flisrand

3. If listing a Commercial Registered Agent, please state their identification number: _____

4. The address of the agent currently on file for this entity

507 Lee Ave.	Florence	S.D.	57235-0005
Street Address (Required)	City	State	ZIP+4
P.O. Box 5	Florence	S.D.	57235-0005
Mailing Address (Optional)	City	State	ZIP+4

5. If the address has changed, its new address

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
Mailing Address (Optional – Required to be a South Dakota Address)	City	State	ZIP+4

6. The address of its registered office and the address of the business office of its registered agent, as changed, must be identical.

VOID sf
no change

Dated 3/5/09

Sue Flisrand
(Signature of an authorized officer)

Sue Flisrand
(Printed Name)

President
(Title)

302 3333 03/08/2010

2010 ANNUAL REPORT
DOMESTIC NONPROFIT

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

Please Type or Print Clearly in Ink

FILING FEE: $10 Make check payable to SECRETARY OF STATE

FILE DATE 03/05/10
RECEIPT NO 2005098

RECEIVED
FEB 23 2010
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:

RECEIVED
MAR 05 2010
S.D. SEC. OF STATE

CH000308

CH000308 MAR/2009
NEW HELGEN LUTHERAN
FLISRAND, SUE
507 LEE AVE
PO BOX 5
FLORENCE SD 57235-0005

Telephone # _____
FAX # _____

FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

2. The address of the principal executive office in or out of the State of South Dakota.

507 Lee Ave, PO Box 5, Florence, SD 57235-0005
Street Address, City, State, ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent John H Johnson

44942 155th ST Ortley SD 57256-5201
Street Address (Required to be a South Dakota Address) City State ZIP+4

Mailing Address (Optional – Required to be a South Dakota Address) City State ZIP+4

4. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least three directors.

☐ John H Johnson 44942 155th ST. Ortley SD 57256-5201
President Street Address City State ZIP+4

☐ TEMPORARILY VACANT
Vice President Street Address City State ZIP+4

☐ Rita Wishard 16451 444th Ave, P.O. Box 65, Florence, SD 57235
Secretary Street Address City State ZIP+4

☐ Rita Wishard Same as above
Treasurer Street Address City State ZIP+4

☐ Dale Nelsen 1002 7th ST Florence, SD 57235
Director Street Address City State ZIP+4

☐ Norris Meland 43809 156th ST Wallace, SD 57272
Director Street Address City State ZIP+4

☐ Wayne Peterson 43924 161st ST. Wallace, SD 57272
Director Street Address City State ZIP+4

Dated 2-20-2010

John H Johnson
(Signature of an authorized officer)

John H Johnson
(Printed Name)

President - New Helgen Luth.
(Title)

Annualreportdomesticnonprofit July2008

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

FILING FEE: $10 Make check payable to SECRETARY OF STATE

The undersigned entity submits the following statement for purpose of changing its registered office and/or its registered agent in the State of South Dakota.

1. The name of the entity New Helgen Lutheran Church

2. The name of the registered agent on file ~~Esther~~ Sue Flisrand

   The name of the successor registered agent John H Johnson

3. If listing a Commercial Registered Agent, please state their identification number: _____

4. The address of the agent currently on file for this entity

507 Lee Ave	PO Box 5	Florence,	SD	57235-0005
Street Address (Required)	City		State	ZIP+4
Mailing Address (Optional)	City		State	ZIP+4

5. If the address has changed, its new address

44942 155th ST	ORTLEY	SD	57256
Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
Mailing Address (Optional – Required to be a South Dakota Address)	City	State	ZIP+4

6. The address of its registered office and the address of the business office of its registered agent, as changed, must be identical.

Dated 2-20-2010

John H Johnson
(Signature of an authorized officer)

John H Johnson
(Printed Name)

President - New Helgen Luth
(Title)

Statementofchangeentity July2008

317 3758 04/19/2011

2011 ANNUAL REPORT
DOMESTIC NONPROFIT

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

Please Type or Print Clearly in Ink

FILING FEE: $10 Make check payable to SECRETARY OF STATE

FILE DATE 03-04-2011
RECEIPT NO 2130282

RECEIVED
MAR 04 2011
S.D. SEC. OF STATE

Telephone # _____
FAX # _____

FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

1. Corporate Name, Registered Agent Name and Address:

CH000308
CH000308 MAR/2010
NEW HELGEN LUTHERAN
JOHNSON, JOHN H
44942 155TH ST
ORTLEY SD 57256-5201

2. The jurisdiction under whose law it is formed South Dakota

3. The address of the principal executive office in or out of the State of South Dakota.

Street Address	City	State	ZIP+4
507 LEE AVE. PO BOX 5	FLORENCE	SD	57235-0005
Mailing Address (Optional)	City	State	ZIP+4

4. The name of the South Dakota Registered Agent JOHN H. JOHNSON

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
44942 155th ST	ORTLEY	SD	57256-5201
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least three directors.

	Street Address	City	State	ZIP+4
☐ JOHN H. JOHNSON (President)	44942 155th ST.	ORTLEY	SD	57256-5201
☐ MERLIN HEATHCOTE (Vice President)	15653 443 AVE.	FLORENCE	SD	57235
☐ RITA WISHARD (Secretary)	16451 444 AVE	FLORENCE	SD	57235
☐ RITA WISHARD (Treasurer)	SAME AS ABOVE			
☐ DALE NELSEN (Director)	1002 7th ST	FLORENCE	SD	57235
☐ DON FLISRAND (Director)	15735 447th AVE	FLORENCE	SD	57235
☐ BRUCE SCHWINGER (Director)	PO BOX 94	FLORENCE	SD	57235

No person may execute this report knowing it is false in any material respect. Any violation is subject to a civil penalty.

Dated 3-3-11

Rita Wishard
(Signature of an Authorized Person)

RITA WISHARD - SEC/TREAS.
(Printed Name)

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

FILING FEE: $10 Make check payable to SECRETARY OF STATE

The undersigned entity submits the following statement for purpose of changing its registered office and/or its registered agent in the State of South Dakota.

1. The name of the entity _____

_____

2. The name of the registered agent on file _____

   The name of the successor registered agent _____

3. If listing a Commercial Registered Agent, please state their identification number _____

4. The address of the agent currently on file for this entity

_____
Street Address (Required) | City | State | ZIP+4

_____
Mailing Address | City | State | ZIP+4

5. If the address has changed, its new address

_____
Street Address or Rural Route Box Number in This State and | City | State | ZIP+4

_____
Mailing Address in This State, if Different from Street Address | City | State | ZIP+4

6. The address of its registered office and the address of the business office of its registered agent, as changed, must be identical.

No person may execute this report knowing it is false in any material respect. Any violation is subject to a civil penalty.

Dated _____

_____
(Signature of an Authorized Person)

_____
(Printed Name)

2012 Enter Filing Year

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT

DOMESTIC CHURCH

Please Type or Print Clearly In Ink

FILING FEE: $10.00 Make check payable to SECRETARY OF STATE

FILE 6/11/2012

RECEIPT NO 30571

1. Corporate Name and Mailing Address:
CH000308
NEW HELGEN LUTHERAN
507 LEE AVE
FLORENCE, SD 57235-0005

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

Street Address	City	State	ZIP+4
507 LEE AVE	FLORENCE	SD	57235-0005
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JOHN H JOHNSON

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
44942 155TH ST	ORTLEY	SD	57256-5201
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director.

☐	JOHN H JOHNSON	44942 155TH ST	ORTLEY	SD	57256
	President	Street Address	City	State	ZIP+4
☐	TRACY HLAVACEK	43869 161ST ST	WALLACE	SD	57272
	Vice President	Street Address	City	State	ZIP+4
☐	RITA WISHARD	16451 444TH AVE	FLORENCE	SD	57235
	Secretary	Street Address	City	State	ZIP+4
☐	RITA WISHARD	16451 444TH AVE	FLORENCE	SD	57235
	Treasurer	Street Address	City	State	ZIP+4
☐	DALE NELSEN	1002 7TH ST	FLORENCE	SD	57235
	Director	Street Address	City	State	ZIP+4
☐	DON FLISRAND	15735 447TH AVE	FLORENCE	SD	57235
	Director	Street Address	City	State	ZIP+4
☐	BETTY HOFFMAN	16231 443RD AVE	FLORENCE	SD	57235
	Director	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.
By signing this form you agree to have both the fee and the form processed electronically.

Date 06/11/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

JOHN H JOHNSON

(Printed Name)

6/11/2012 3:38:10 PM

2013 Enter Filing Year

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT

DOMESTIC CHURCH

Please Type or Print Clearly In Ink

FILING FEE: $10.00 Make check payable to SECRETARY OF STATE

FILE 3/7/2013
RECEIPT NO 99849

1. Corporate Name and Mailing Address:
CH000308
NEW HELGEN LUTHERAN
507 LEE AVE
FLORENCE, SD 57235-0005

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

507 LEE AVE	FLORENCE	SD	57235-0005
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JOHN H JOHNSON

44942 155TH ST	ORTLEY	SD	57256-5201
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director.

X	JOHN H JOHNSON	44942 155TH ST	ORTLEY	SD	57256
	President	Street Address	City	State	ZIP+4
	WAYNE PETERSON	43924 161 ST	WALLACE	SD	57272
	Vice President	Street Address	City	State	ZIP+4
	RITA WISHARD	16451 444TH AVE	FLORENCE	SD	57235
	Secretary	Street Address	City	State	ZIP+4
	RITA WISHARD	16451 444TH AVE	FLORENCE	SD	57235
	Treasurer	Street Address	City	State	ZIP+4
	DALE NELSEN	1002 7TH ST	FLORENCE	SD	57235
	Director	Street Address	City	State	ZIP+4
	STEVE SOLUM	16155 447 AVE.	FLORENCE	SD	57235
	Director	Street Address	City	State	ZIP+4
	BETTY HOFFMAN	16231 443RD AVE	FLORENCE	SD	57235
	Director	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.
By signing this form you agree to have both the fee and the form processed electronically.

Date 03/07/2013

Signature Accepted Electronically
(Signature of an Authorized Person)
RITA A WISHARD
(Printed Name)

3/7/2013 1:50:52 PM

2014 Enter Filing Year

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT

DOMESTIC CHURCH

Please Type or Print Clearly In Ink

FILING FEE: $10.00 Make check payable to SECRETARY OF STATE

FILE 3/24/2014
RECEIPT NO 187127

1. Corporate Name and Mailing Address:
CH000308
NEW HELGEN LUTHERAN
507 LEE AVE
FLORENCE, SD 57235-0005

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

507 LEE AVE	FLORENCE	SD	57235-0005
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JOHN H JOHNSON

44942 155TH ST	ORTLEY	SD	57256-5201
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director.

X	JOHN H JOHNSON	44942 155TH ST	ORTLEY	SD	57256
	President	Street Address	City	State	ZIP+4
	WAYNE PETERSON	43924 161 ST	WALLACE	SD	57272
	Vice President	Street Address	City	State	ZIP+4
	SARAH ORTHAUS	PO BOX	FLORENCE	SD	57235
	Treasurer	Street Address	City	State	ZIP+4
	DALE NELSEN	1002 7TH ST	FLORENCE	SD	57235
	Director	Street Address	City	State	ZIP+4
	BETTY HOFFMAN	16231 443RD AVE	FLORENCE	SD	57235
	Director	Street Address	City	State	ZIP+4
	SHELLY ENDRES	906 6TH ST	FLORENCE	SD	57235
	Secretary	Street Address	City	State	ZIP+4
	BRUCE SCHWINGER	PO BOX 94	FLORENCE	SD	57235
	Director	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.
By signing this form you agree to have both the fee and the form processed electronically.

Date 03/24/2014

Signature Accepted Electronically
(Signature of an Authorized Person)

SHELLY ENDRES
(Printed Name)

3/24/2014 8:58:07 PM

2015 Enter Filing Year

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

DOMESTIC CHURCH

Please Type or Print Clearly In Ink

FILING FEE: $10.00 Make check payable to SECRETARY OF STATE

FILE DATE 4/6/2015

RECEIPT NO 289747

1. Corporate Name and Mailing Address:
CH000308
NEW HELGEN LUTHERAN
507 LEE AVE
FLORENCE, SD 57235-0005

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the agent currently on file for this entity.

Agent Name: JOHN H JOHNSON

44942 155TH ST	ORTLEY	SD	57256-5201
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

4. If the address has changed, its new address.

New Agent Name: WAYNE PETERSON

43924 161ST ST	WALLACE	SD	57272
Street Address or Rural Route Box Number in This State and	City	State SD	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.
By signing this form you agree to have both the fee and the form processed electronically.

Dated 04/06/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

SHELLY A ENDRES

(Printed Name)

4/6/2015 10:51:45 AM

2015 Enter Filing Year

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT

DOMESTIC CHURCH

Please Type or Print Clearly In Ink

FILING FEE: $10.00 Make check payable to SECRETARY OF STATE

FILE DATE 4/6/2015

RECEIPT NO 289747

1. Corporate Name and Mailing Address:
CH000308
NEW HELGEN LUTHERAN
507 LEE AVE
FLORENCE, SD 57235-0005

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

507 LEE AVE	FLORENCE	SD	57235-0005
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: WAYNE PETERSON

43924 161ST ST	WALLACE	SD	57272
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
		SD	
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director.

X	WAYNE PETERSON	43924 161 ST	WALLACE	SD	57272
	President	Street Address	City	State	ZIP+4
	DALE NELSEN	1002 7TH ST	FLORENCE	SD	57235
	Director	Street Address	City	State	ZIP+4
	SHELLY ENDRES	906 6TH ST	FLORENCE	SD	57235
	Secretary	Street Address	City	State	ZIP+4
	BRUCE SCHWINGER	PO BOX 94	FLORENCE	SD	57235
	Vice President	Street Address	City	State	ZIP+4
	JILL ORTHAUS	15780 444TH AVE	FLORENCE	sd	57235
	Treasurer	Street Address	City	State	ZIP+4
	DON FLISRAND	15735 447TH AVE	FLORENCE	sd	57235
	Director	Street Address	City	State	ZIP+4
	COREY RISLOV	15841 439TH AVE	WALLACE	sd	57272
	Director	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.
By signing this form you agree to have both the fee and the form processed electronically.

Dated 04/06/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

SHELLY A ENDRES

(Printed Name)

4/6/2015 10:51:45 AM

2016

Enter Filing Year

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT

DOMESTIC CHURCH

SDCL 47-27-18, 59-11-24

Please Type or Print Clearly In Ink

FILING FEE: $10.00 Make check payable to SECRETARY OF STATE

FILE DATE 3/29/2016

RECEIPT NO 398459

1. Corporate ID and Name:

CH000308
Enter Corporate ID

NEW HELGEN LUTHERAN
Enter Corporate Name

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

507 LEE AVE	FLORENCE	SD	57235-0005
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
Mailing Address, if Different from Street Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: WAYNE PETERSON

43924 161ST ST	WALLACE	SD	57272
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
		SD	
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director.

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty (SDCL 47-1A-129).

Dated 03/29/2016

Signature Accepted Electronically
(Signature of an Authorized Person)

WAYNE A PETERSON
(Printed Name)

*By signing this form you agree to have both the fee and the form processed electronically.
A fee of up to $40 will be assessed for returned payments.

3/29/2016 9:29:07 AM