

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **840840** (3)

1. Corporation Name
FATHER FLANAGAN'S BOYS' HOME



Principal Place of Business: **14100 CRAWFORD STREET BOYS TOWN NE 68010 US**
Mailing Address: **14100 CRAWFORD STREET BOYS TOWN NE 68010 US**

3. Date Incorporated or Qualified: **06/13/1978**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 47-0376606	Applied For			
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required			
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees			
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTISS, ELDEN F.	12 NAME	
STREET ADDRESS	100 N. 62ND ST	13 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	14 CITY-ST-ZIP	
TITLE	EVD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER, VALENTINE J.	22 NAME	
STREET ADDRESS	14100 CRAWFORD ST.	23 STREET ADDRESS	
CITY-ST-ZIP	BOYS TOWN NE	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER, VALENTINE J.	32 NAME	
STREET ADDRESS	14100 CRAWFORD ST.	33 STREET ADDRESS	
CITY-ST-ZIP	BOYS TOWN NE	34 CITY-ST-ZIP	
TITLE	DV	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, JIM	42 NAME	
STREET ADDRESS	14100 CRAWFORD ST.	43 STREET ADDRESS	
CITY-ST-ZIP	BOYS TOWN NE	44 CITY-ST-ZIP	
TITLE	DS	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, WILLIAM	52 NAME	
STREET ADDRESS	14100 CRAWFORD ST	53 STREET ADDRESS	
CITY-ST-ZIP	BOYS TOWN NE	54 CITY-ST-ZIP	
TITLE	DVT	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDEN, PHILIP J.	62 NAME	
STREET ADDRESS	14100 CRAWFORD STREET	63 STREET ADDRESS	
CITY-ST-ZIP	BOYS TOWN NE	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James E. Schmidt May 1, 1996 (402) 498-1671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)