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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 840840 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	



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/13/1978
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 47-0376606
23. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
24. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25. Country	29. Country	30. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code	
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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	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTISS, ELDEN F.	1.2 NAME	
STREET ADDRESS	100 N. 62ND ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER, VALENTINE J.	2.2 NAME	
STREET ADDRESS	14100 CRAWFORD ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYS TOWN NE	2.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, JIM	3.2 NAME	Fitzgerald, Edward W.
STREET ADDRESS	14100 CRAWFORD ST.	3.3 STREET ADDRESS	14100 CRAWFORD ST.
CITY-ST-ZIP	BOYS TOWN NE	3.4 CITY-ST-ZIP	BOYS TOWN NE
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAROFALO, P J	4.2 NAME	
STREET ADDRESS	14100 CRAWFORD ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYS TOWN NE 68010	4.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDEN, PHILIP J.	5.2 NAME	
STREET ADDRESS	14100 CRAWFORD STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYS TOWN NE	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, TALTON K	6.2 NAME	
STREET ADDRESS	11910 WEST DODGE ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED *1/27/99* 402-498-1602
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)