

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# 840840

Entity Name: FATHER FLANAGAN'S BOYS' HOME

Current Principal Place of Business:

14100 CRAWFORD STREET
BOYS TOWN, NE 68010 US

New Principal Place of Business:

Current Mailing Address:

14086 MOTHER TERESA LANE
BOYS TOWN, NE 68010 US

New Mailing Address:

FEI Number: 47-0376606 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: STINSON, KENNETH
Address: 1000 KIEWIT PLAZA
City-St-Zip: OMAHA, NE 68131

Title: PD () Delete
Name: BOES, STEVEN,
Address: 14100 CRAWFORD ST.
City-St-Zip: BOYS TOWN, NE 68010

Title: V () Delete
Name: RUDEN, PHILIP J
Address: 14100 CRAWFORD ST.
City-St-Zip: BOYS TOWN, NE 68010

Title: S () Delete
Name: GREGORY, THOMAS G
Address: 14100 CRAWFORD ST
City-St-Zip: BOYS TOWN, NE 68010

Title: T () Delete
Name: RASMUSSEN, JUDY F
Address: 14086 MOTHER TERESA LANE
City-St-Zip: BOYS TOWN, NE 68010

Title: D () Delete
Name: REED, JOHN
Address: 1125 S. 103RD STREET
City-St-Zip: OMAHA, NE 68124

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JUDY F. RASMUSSEN

T

01/05/2009

Electronic Signature of Signing Officer or Director

_____ Date