2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 840840

Entity Name: FATHER FLANAGAN'S BOYS' HOME

FILED Apr 22, 2003 Secretary of State

Current Principal Place of Puginess			Now Princi	New Principal Place of Business:	
Current Principal Place of Business:			MEAN EILICI	pai riace di Dusilless.	
	AWFORD STR WN, NE 68010				
Current Mailing Address:			New Mailin	New Mailing Address:	
	THER TERES, WN, NE 68010				
FEI Number	: 47-0376606	FEI Number Applied For()	FEI Number Not Appli	cable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
1200 S. PI	ORATION SYS NE ISLAND RO ION, FL 33324	DAD			
	named entity s e of Florida.	submits this statement for the p	urpose of changing its	s registered office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DC () CURTISS, ELD 100 N. 62ND S OMAHA, NE 68	7	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	PD () PETER, VALEN 14100 CRAWF BOYS TOWN, N	ORD ST.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	V () RUDEN, PHILIF 14100 CRAWF BOYS TOWN, N	ORD ST.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	S () GREGORY, TH 14100 CRAWF BOYS TOWN, N	ORD ST	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	RASMUSSEN,	R TERESA LANE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	BOLTON, CLAU 1822 VAN PATT		Title: Name: Address: Citv-St-Zip:	D (X) Change () Addition BOLTON, CLAUDE M JR 103 ARMY PENTAGON, ROOM 2E672 WASHINGTON, DC, 20310	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 TREA 04/22/2003