2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 23, 2006 8:00 am Secretary of State 01-23-2006 90040 016 ****61.25

320-532-3103

DOCUMENT # F0200004613 1. Entity Name CROSIER FATHERS OF ONAMIA, INC.									01-23-200)6 90(040 010	6 ****6	51.25	í
Principal Place of Business 104 CROSIER DRIVE NORTH ONAMIA, MN 56359				Mailing Address P.O. BOX 500 ONAMIA, MN 56359										
2. Principal P	lace of Busin	ness	3. Mail	ing Address	_									
2. Principal Place of Business			Suite, Apt. #, etc.						i årde libit erti e	em sem				E) E) (E-9)
Suite, Apt. #, etc.								01062006	Chg-NP		CR2E0)37 (11/0	<u>,</u>	
City & State			Cit	City & State				4. FEI Numb NOT AF	PLICABLE	<u> </u>			+	lied For Applicable
Zip Country		Zip	Zip Co			5. Certificate of Status Desired S8.75 Additional Fee Required					lonal			
	6. Name	and Address of Current I	Registere	d Agent				7. Name and	Address of N	New Re	gistered	Agent		
HINES, CA	ROL M					Name								
2490 GLO	W WOOD	COURT 32068-4289		Street Add			ddress (F	P.O. Box Numb	er is Not Acce	ptable)				
												l	<u> </u>	
						City					Fl	_ Zip '	Code	
	named entit ions of regist	ly submits this statement for tered agent.	the purp	ose of changing its	register	ed office or	register	ed agent, or bo	th, in the State	of Flor	ida. I am	n familiar v	with, a	nd accept
SIGNATURE.	Signature, typed	or printed name of registered agent a	and title if app	licable. (NOT	E: Registere	ed Agent signatu	re required	when reinstating)			DATE			
Filing Fee is \$61.25 Due by May 1, 2006 9. Election Cam Trust Fund C														
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10.	Due by N		RECTORS	Trust Fund (Contribut	tion.	/	Added to Fees	IANGES TO O	Floric	da Depa	IRECTOR	of Sta	i te
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