

FILE NOW: FILING FEE IS \$61.25

FILED

98 MAY 19 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **P36387** (9)
1. Corporation Name
FAMILY LIFE SERVICES, INC.

| | |
|--|--|
| Principal Place of Business 1714 MAIN AVENUE FARGO ND 58103 US | Mailing Address P.O. BOX 2487 FARGO ND 58108-2467 US |
|--|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 11/15/1991 | |
| 4. FEI Number 45-0410883 | Applied For <input type="checkbox"/> Not Applicable |

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

| |
|---|
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No N/A |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LIPSCOMB, DOUG
8268 SW 1ST MANOR
CORAL SPRINGS FL 33071**

| |
|---|
| 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|--|---------------------------------|
| TITLE | RD | <input type="checkbox"/> DELETE |
| NAME | DREWES, WAYNE | |
| STREET ADDRESS | 650 1ST AVENUE NORTH | |
| CITY-ST-ZIP | FARGO ND 58102 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | There are no active board of directors in place, as FLS, Inc. is in receivership. | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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hcl 5.19-98

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.

SIGNATURE: **Wayne Drewes**

3-30-98

701-237-9247

CR2E037 (10/97)



FAMILY LIFE CREDIT SERVICES

1714 MAIN AVENUE

P.O. Box 2467

FARGO, ND 58108-2467

(701) 237-9247 • FAX (701) 234-9557

April 14, 1998

Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

Ref No. P36387
798A00018339

To Whom it May Concern:

This letter is in response to your letter dated April 7, 1998.

Per my conversation with Shawn, from your office, I am returning the Annual Report form along with necessary documentation explaining that Family Life Services, Inc. is under court appointed receivership.

If you have any questions, please feel free to call me at 701-237-9247.

Respectfully,

Khristy Erickson
Operations Manager

enc.

(3)

On January 9, 1996 the North Dakota Attorney General filed suit against Family Life Services, Inc. and 12 individual and corporate defendants, alleging violations of credit counseling and nonprofit corporation law. The case was filed in Cass County (ND) District Court, Civil File No. 96-88. The Attorney General obtained a temporary restraining order at that time.

On January 25, 1996, the district court appointed Wayne Drewes, CPA, of the firm of Drewes and Horab, as receiver with authority to operate the credit counseling business. Since that date, Family Life Services, Inc. has been operated by the receiver under the supervision of the district court.

Those named individual defendants who were affiliated with Family Life Services, Inc. are:

| | |
|------------------|--------------------------|
| Darold Larson | Administrator, CEO |
| Dennis Uchtman | Administrative Assistant |
| Gary Chaffin | Board Chairman |
| Charlene Uchtman | Board Member |
| Benjamin Larson | Board Member |

Other defendants named in the action were:

| | |
|-----------------|--|
| Patricia Larson | Help and Caring Ministries, Inc. |
| Joseph Larson | Nat'l Ass'n of Christian Credit Counselors |
| David Clemens | Diamond Card International, Inc. |
| Lyn M. Sahr | |

Further questions regarding this litigation should be directed to:

David W. Huey
Assistant Attorney General
Office of the Attorney General
600 East Boulevard Ave
Bismarck, ND 58505-4000

Phone: 701-328-3404
701-328-3535