

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90045 009 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P36387**

1. Corporation Name  
**FAMILY LIFE SERVICES, INC.**

Principal Place of Business 1714 MAIN AVENUE FARGO ND 58103 US	Mailing Address P.O. BOX 2467 FARGO ND 58108-2467 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 11/15/1991 4. FEI Number 45-0410883 Applied For Not Applicable 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
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9. Name and Address of Current Registered Agent LIPSCOMB, DOUG 8266 SW 1ST MANOR CORAL SPRINGS FL 33071	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	RD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DREWES, WAYNE	1.2 NAME	
STREET ADDRESS	650 1ST AVENUE NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	FARGO ND 58102	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	See attached. There are no active	2.2 NAME	
STREET ADDRESS	board of directors in place, as	2.3 STREET ADDRESS	
CITY-ST-ZIP	FLS, Inc. is in receivership.	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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: Receiver Wayne Drewes *Wayne Drewes* 2-18-99 701-237-9247  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0092198

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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
<del>Gary Chaffin</del>	<del>Board Chairman</del>
<del>Charlene Uchtman</del>	Board Member
Benjamin Larson	Board Member

Other defendants named in the action were:

<del>Patricia Larson</del>	Help and Caring Ministries, Inc.
Joseph Larson	Nat'l Ass'n of Christian Credit Counselors
<del>David Clemens</del>	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