

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36387

FILED
Jan 10, 2005
Secretary of State

Entity Name: FAMILY LIFE SERVICES, INC.

Current Principal Place of Business:

1714 MAIN AVENUE
FARGO, ND 58103 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2467
FARGO, ND 581082467 US

New Mailing Address:

FEI Number: 45-0410883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPSCOMB, DOUG
8266 SW 1ST MANOR
CORAL SPRINGS, FL 33071 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: P () Delete
Name: LARSON, PATRICIA PRES
Address: 1714 MAIN AVENUE
City-St-Zip: FARGO, ND 58103 US

Title: D () Delete
Name: REDLINGER, DON
Address: 3929 GRAND AVENUE
City-St-Zip: OMAHA, NE 68104 US

Title: S/T () Delete
Name: WISHNATSKY, MARTIN SEC/TRE
Address: 1201 12TH AVENUE NORTH
City-St-Zip: FARGO, ND 58102 US

Title: D () Delete
Name: PETERSON, GORDON DIR
Address: 9500 MINNETONKA BLVD
City-St-Zip: ST. LOUIS PARK, MN 55426 US

Title: D () Delete
Name: ADAMS, SAM DIR
Address: 4212 40TH AVENUE SOUTH
City-St-Zip: MOORHEAD, MN 56560 US

Title: D () Delete
Name: MEHL, PAUL DIR
Address: 120 17TH STREET EAST #308
City-St-Zip: WEST FARGO, ND 58078 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: LARSON, JOSEPH SEC
Address: 1714 MAIN AVENUE
City-St-Zip: FARGO, ND 58103 US

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

Title: () Change () Addition
Name:
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 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: PATRICIA LARSON

PRES

01/10/2005

Electronic Signature of Signing Officer or Director

Date