



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90269 028 ****61.25

DOCUMENT # P36387 1. Entity 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		
2. Principal Place of Business 2345 Meadow Ridge Parkway Suite, Apt. #, etc.		3. Mailing Address P.O. Box 720 Suite, Apt. #, etc.		40002373 	
City & State West Fargo, North Dakota		City & State West Fargo, North Dakota		4. FEI Number 45-0410883	
Zip 58078		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIPSCOMB, DOUG 8266 SW 1ST MANOR CORAL SPRINGS, FL 33071				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LARSON, PATRICIA PRES 1714 MAIN AVENUE FARGO, ND 58103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Patricia Larson 2345 Meadow Ridge Parkway West Fargo, ND 58078	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDLINGER, DON 3929 GRAND AVENUE OMAHA, NE 68104	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Don Redlinger 4929 Grand Avenue	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LARSON, JOSEPH SEC 1714 MAIN AVENUE FARGO, ND 58103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joseph Larson 2345 Meadow Ridge Parkway West Fargo, ND 58078	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, GORDON DIR 9500 MINNETONKA BLVD ST. LOUIS PARK, MN 55426	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gordon Peterson 4021 McGinnis Ferry Road Suwanee, GA 30024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, SAM DIR 4212 40TH AVENUE SOUTH MOORHEAD, MN 56560	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James MacLean 73 Wigwam Ave. N Haledon, NJ 07508	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEHL, PAUL DIR 120 17TH STREET EAST #308 WEST FARGO, ND 58078	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Patricia Larson - President <i>Patricia Larson</i>			January 10, 2005		800-747-9307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #