

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36387

FILED  
Jul 16, 2008  
Secretary of State

Entity Name: FAMILY LIFE SERVICES, INC.

**Current Principal Place of Business:**

2345 MEADOW RIDGE PKWY.  
WEST FARGO, ND 58078 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 720  
WEST FARGO, ND 580780720 US

**New Mailing Address:**

FEI Number: 45-0410883      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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: PR/D ( ) Delete  
Name: LARSON, PATRICIA  
Address: 2345 MEADOW RIDGE PKWY  
City-St-Zip: WEST FARGO, ND 58078 US

Title: SE/D ( ) Delete  
Name: REDLINGER, DON  
Address: 4929 GRAND AVE  
City-St-Zip: OMAHA, NE 68104 US

Title: VP/D ( ) Delete  
Name: PETERSON, GORDON  
Address: 1232 FIELDCREST COURT NW  
City-St-Zip: SUWANEE, GA 30024 US

Title: TR/D ( ) Delete  
Name: MACLEAN, JAMES  
Address: 23 LAKE ROAD  
City-St-Zip: DENVILLE, NJ 07834 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VP/D (X) Change ( ) Addition  
Name: PETERSON, GORDON  
Address: PO BOX 43757  
City-St-Zip: BROOKLYN CENTER, MN 55443 US

Title: TR/D (X) Change ( ) Addition  
Name: VANDER WAL, PARKER  
Address: 712 51ST ST SW  
City-St-Zip: FARGO, ND 58103 US

Title: D ( ) Change (X) Addition  
Name: MACLEAN, JAMES  
Address: 23 LAKE ROAD  
City-St-Zip: DENVILLE, NJ 07834 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

07/16/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date