

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36387

FILED
Jan 23, 2009
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 ()

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: PO BOX 43757
City-St-Zip: BROOKLYN CENTER, MN 55443 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP/D (X) Change () Addition
Name: REDLINGER, DONALD
Address: 4929 GRAND AVE
City-St-Zip: OMAHA, NE 68104 US

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

Title: CH/D (X) Change () Addition
Name: PETERSON, GORDON
Address: P. O. BOX 43757
City-St-Zip: BROOKLYN CENTER, MN 55443 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

PR/D

01/23/2009

Electronic Signature of Signing Officer or Director

Date