

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36387

FILED
Jan 27, 2010
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
Name: LARSON, PATRICIA
Address: 2345 MEADOW RIDGE PKWY
City-St-Zip: WEST FARGO, ND 58078 US

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

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

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

Title: CH/D
Name: PETERSON, GORDON
Address: 12400 MARION LANE WEST APT 3319
City-St-Zip: MINNETONKA, MN 55305 US

Title: D
Name: OLSEN, PAUL
Address: 740 COQUINA LANE
City-St-Zip: VIRGINIA BEACH, VA 23451 US

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA LARSON

PR/D

01/27/2010

Electronic Signature of Signing Officer or Director

Date