## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36387

FILED Jan 07, 2011 Secretary of State

Entity Name: FAMILY LIFE SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business:

2345 MEADOW RIDGE PKWY.

WEST FARGO, ND 58078 US

2345 MEADOW RIDGE PKWY
WEST FARGO, ND 58078 US

WEST FARGO, ND 58078 US

Current Mailing Address: New Mailing Address:

P.O. BOX 720

WEST FARGO, ND 580780720 US

FEI Number: 45-0410883 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LIPSCOMB, DOUG 8266 SW 1ST MANOR CORAL SPRINGS, FL 33071 US

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/T

Name: LARSON, JOSEPH

Address: 2345 MEADOW RIDGE PKWY
City-St-Zip: WEST FARGO, ND 58078 US

Title:

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

Title:

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

Title: CH/D

Name: PETERSON, GORDON

Address: 12200 MARION LANE WEST APT 5317

City-St-Zip: MINNETONKA, MN 55305 US

Title:

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 01/07/2011