

2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36387

Entity Name: FAMILY LIFE SERVICES, INC.

Current Principal Place of Business:

2345 MEADOW RIDGE PKWY
WEST FARGO, ND 58078

Current Mailing Address:

P.O. BOX 720
WEST FARGO, ND 58078-0720 US

FEI Number: 45-0410883

Certificate of Status Desired: No

Name and Address of Current 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

Officer/Director Detail :

Title PR/D
Name LARSON, PATRICIA
Address 2345 MEADOW RIDGE PKWY
City-State-Zip: WEST FARGO ND 58078

Title SE/T
Name LARSON, JOSEPH
Address 2345 MEADOW RIDGE PKWY
City-State-Zip: WEST FARGO ND 58078

Title D
Name ANDERSON, GARY
Address 614 3RD AVENUE W
City-State-Zip: WEST FARGO ND 58078

Title D
Name VANDER WAL, PARKER
Address 712 51ST ST SW
City-State-Zip: FARGO ND 58103

Title CH/D
Name PETERSON, GORDON
Address 12200 MARION LANE WEST APT 5317
City-State-Zip: MINNETONKA MN 55305

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

Title DIRECTOR
Name MACLEAN, JAMES
Address 23 LAKE ROAD
City-State-Zip: DENVILLE NJ 07834

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

PRESIDENT

03/08/2013

Electronic Signature of Signing Officer/Director Detail

Date