

Idaho Corporation Annual Report Form

File online at: sosbiz.idaho.gov

For Office Use Only

B0846-7585



File #: 0005527466

Date Filed: 12/26/2023 1:35:00 PM

Due no later than: 01/31/202

Return completed form within 30 days to: Idaho Secretary of State

Attn: Annual Reports 450 North 4th Street Boise, ID 83720

Phone: (208) 334-2300

Annual Report: No filing fee if received by the due date.

SOS Control Number: 463619	Filing Status: Active-Good Standing		2
Non-Profit Corporation (D)	Date Formed: 01/05/2004 Fo	rmation Locale: ID	23
Name and Mailing Address: FAMILIES ADVOCATING CHANGE 315 17TH AVE LEWISTON, ID 83501-2766		ange Mailing Address:	1:35 PM
Registered Agent (RA) and Register CONNIE IRELAND 315 17TH AVE LEWISTON, ID 83501	red Office (RO) Address: (2) Change R	A and/or RO Address:	Received
Note: The Re	gistered Office address must be a physical Idaho addr	ess (no postal box).	Åq
(3) New Registered Agent (RA) Sign			<u></u>
(4) Commentions Fatourous and husiness	If a new agent is appointed in item (2) above, the		ment 🕂
Title Name	Business Address	City, State, Zip	<u></u>
	enton 1127 Van Arsdol	Clarkston, WA 99	1419
4400	reland 31517th aug.	Lewiston TD8	Z5\\
Treasurer Terri Jame	500 512 27th Gt.	Lewiston, Ido	160 g
President Connie Ir	eland 315 17th aug	Lewiston, ID 835	∞/ •
	dresses (with zip code). Attach additional sheet if necessa	ary.	Н_
Name	Business Address	City, State, Zip	<u> </u>
Janice Thueson	90/ Liberty Circle	*Claskston, wh	1942
Andrew Loomis	512 27# 3+	Lewiston, ID 8.	3,20
Colleen Perrigo	1432 CEdar Hve.	Lewiston, ID 83	
			- 2
			<u> </u>
			ú
			ary.
(5) Signature: Connie Tre	_	1-20-2023	
(7) Type/Print Name: Connic J	reland (8) Title: P	resident	н
			2
Instructions: Legibly complete the form abo	ve. Sign and date this form and return to the address prov	ded above.	, at
			(t