

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000001289

**Entity Name:** COMMUNITY WELFARE SERVICES INC.

**Current Principal Place of Business:**

5566 OJIBWA RD.  
BRAINERD, MN 56401

**Current Mailing Address:**

P.O. BOX 2926  
BAXTER, MN 56425

**FEI Number: 84-1690457**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 PST  
Name CLARK, BRUCE  
Address PO BOX 2926  
City-State-Zip: BAXTER MN 56425

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: BRUCE CLARK**

**PRES**

**01/23/2013**

Electronic Signature of Signing Officer/Director Detail

Date