

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F35886

1. Corporation Name

THE FAMILY INSTITUTE, INC.

Principal Place of Business

935 HIGH POINT DR  
NAPLES FL 34103  
US

Mailing Address

935 HIGH POINT DR  
NAPLES FL 34102  
US

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90200 030 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1981

4. FEI Number

59-2094512

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 3250 - 10<sup>th</sup> N.

2a. Mailing Address

26 PO BOX 10968

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 A4

27

City & State

23 NAPLES FL

City & State

28 NAPLES FL

Zip

24 34103

Country

25 USA

Zip

29 34101

Country

30 USA

9. Name and Address of Current Registered Agent

GERAGHTY, MICHAEL F.X.

~~241 E. BOWEN DRIVE~~

935 HIGH POINT DRIVE  
NAPLES FL 34103

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 935 HIGH POINT DRIVE

84 City

NAPLES

FL

85 Zip Code

34103

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME GERAGHTY, MICHAEL  
STREET ADDRESS 935 HIGH OINT DRIVE  
CITY-ST-ZIP NAPLES FL 34103

TITLE PD ☐ DELETE

NAME GERAGHTY, MICHAEL  
STREET ADDRESS 3250 - 10<sup>th</sup> N.  
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

935 HIGH POINT DRIVE

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

POA 3250 - 10<sup>th</sup> N.

NAPLES FL 34103

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Geraghty REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/99

941 261 3756

Date

Daytime Phone #

CR2E034 (11/98)