

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F35886

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** THE FAMILY INSTITUTE, INC.

**Current Principal Place of Business:**

5051 CASTELLO DRIVE STE 41  
NAPLES, FL 34103 US

**New Principal Place of Business:**

15405 CEDARWOOD LANE  
#304  
NAPLES, FL 34110 US

**Current Mailing Address:**

P. O. BOX 10968  
NAPLES, FL 34101 US

**New Mailing Address:**

**FEI Number:** 59-2094512      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GERAGHTY, MICHAEL F.X.  
5051 CASTELLO DRIVE STE 41  
NAPLES, FL 34103 US

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

GERAGHTY, MICHAEL F.X.  
15405 CEDARWOOD LANE  
#304  
NAPLES, FL 34110 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

04/29/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GERAGHTY, MICHAEL  
Address: 12658 GLEN HALLOW DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34135

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: MICHAEL GERAGHTY

PD

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date