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TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

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-04/28/98--01136--008
*****78.75 *****78.75

SUBJECT: FAMILY FIRST INSTITUTE, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ANDREW WILLIAM CLARK
(Name of Person)
CLARK & ROGERS, P.C.
(Firm/Company)
POST OFFICE BOX 1997
(Address)
THOMASVILLE, GEORGIA 31997
(City/State/Zip)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 APR 29 PM 2:37

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Should you need to call someone concerning this matter, please call:

ANDREW WILLIAM CLARK at (912) 228-5400
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**APPLICATION BY FOREIGN XXXX FOR PROFIT CORPORATION FOR
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:*

1. FAMILY FIRST INSTITUTE, INC.

(Name of corporation: must include the word "INCORPORATED", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. Georgia

(State or country under the law of which it is incorporated)

3. 58-2385844

(FEI number, if applicable)

4. 04-16-98

(Date of Incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 04-28-98

(Date corporation first conducted Affairs in Florida.
(See Sections 607.1501, 607.1502, AND 817.155, F.S.)

7. 3033 Spring Hill Road

Thomasville, GA 31792

(Current mailing address)

8. Conducting family enrichment seminars

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Jay Nichols Lybbert

Office Address: 1839 Homewood Road

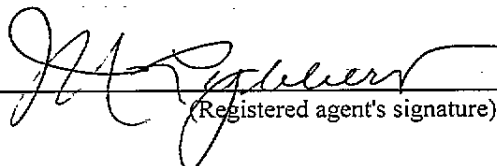
Tallahassee

Florida, 32303

(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

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12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

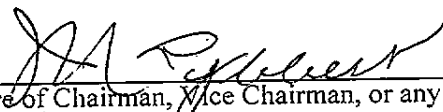
Chairman: Dr. J. Frederic Templeman
Address: 240 Primitive Avenue
Pelham, GA 31730
Vice Chairman: Jay Nichols Lybbert
Address: 1839 Homewood Road
Tallahassee, FL 32303
Director: Thomas C. Ferrell
Address: 3033 Springhill Road
Thomasville, GA 31792
Director: _____
Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Thomas C. Ferrell
Address: 3033 Springhill Road
Thomasville, GA 31792
Vice President: Dr. J. Frederic Templeman
Address: 240 Primitive Avenue
Pelham, GA 31730
Secretary: Jay Nichols Lybbert
Address: 1839 Homewood Road
Tallahassee, FL 32303
Treasurer: Jay Nichols Lybbert
Address: 1839 Homewood Road
Tallahassee, FL 32303

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Secretary
(Typed or printed name and capacity of person signing application)

ADDENDUM

Assistant Secretary: Andrew William Clark

Address: 123 East Washington Street

Thomasville, GA 312792

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Secretary of State
Corporations Division
Suite 315, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 981070191
CONTROL NUMBER : 9814409
DATE INC/AUTH/FILED: 04/16/1998
JURISDICTION : GEORGIA
PRINT DATE : 04/17/1998
FORM NUMBER : 211

CLARK & ROGERS, P.C.
ANDREW WILLIAM CLARK
P O BOX 1997
THOMASVILLE GA 31799-1997

CERTIFICATE OF EXISTENCE

I, Lewis A. Massey, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

FAMILY FIRST INSTITUTE, INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Lewis A. Massey
LEWIS A. MASSEY
SECRETARY OF STATE

