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Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90021 017 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

60017260



DOCUMENT # G61368 1. Entity Name GAINESVILLE FAMILY INSTITUTE, INC.					
Principal Place of Business 1031 N.W. 6TH STREET BLDG C GAINESVILLE, FL 32601 US			Mailing Address 1031 N.W. 6TH STREET BLDG C GAINESVILLE, FL 32601 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-2336932				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02142007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent NAZARIO, ANDRES J 2110 S.W. 88 STREET GAINESVILLE, FL 32607			7. Name and Address of New Registered Agent Name STEIER, HERBERT Street Address (P.O. Box Number is Not Acceptable) 1929 N.W. 14 AVENUE City GAINESVILLE, FL FL Zip Code 32605		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: DATE: 2-17-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEIER, HERBERT <input type="checkbox"/> Delete 1929 NW 14 AVE GAINESVILLE, FL 32605		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT + DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STEIER, HERBERT 1929 N.W. 14 AVE GAINESVILLE, FL 32605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NAZARIO, ANDRES, JR. <input checked="" type="checkbox"/> Delete 2110 SW 88TH ST GAINESVILLE, FL 32607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EARLY, CHRISTINA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rt. 2 Box 342 MICANOPY, FL 32667	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			Date: 2/17/07 Daytime Phone #: 352-376-5543		