

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N07801 (6)**
1. Corporation Name
FAMILY LIFE INSTITUTE, INC.



Principal Place of Business: C/O KARL S. ANDERSEN, 2640 BOUGAINVILLE STREET, SARASOTA FL 34239-2411
Mailing Address: C/O KARL S. ANDERSEN, 2640 BOUGAINVILLE STREET, SARASOTA FL 34239-2411

3. Date Incorporated or Qualified: 02/22/1985
3a. Date of Last Report: 04/12/1995
4. FEI Number: 59-2501264
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
**ANDERSEN, KARL S.
2640 BOUGAINVILLE STREET
SARASOTA FL 34239-2411**

10. Name and Address of New Registered Agent (81-84) and Zip Code (85)
81 Name: ANDERSEN, KARL S.
82 Street Address (P.O. Box Number is Not Acceptable): 2640 BOUGAINVILLE STREET
83 City: SARASOTA
84 City: SARASOTA
85 Zip Code: FL 34239-5411

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Karl S. Andersen* / 1/23/96
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	<input type="checkbox"/> DELETE
NAME	ANDERSEN, KARL S.	
STREET ADDRESS	2640 BOUGAINVILLE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SPRENGER EDGAR	
STREET ADDRESS	107 S.E. COLONIAL ST.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SYSTER, JOHN	
STREET ADDRESS	1031 S. EUCLID AVENUE	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3432 Depew
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Karl S. Andersen* / 1/23/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 941-365-3166

CR2E037 (12/95)