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May 07 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address
C/O KARL S. ANDERSEN
2640 BOUGAINVILLE STREET
SARASOTA FL 34239-2411

3. Date Incorporated or Qualified
02/22/1985

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 5899 WHITFIELD AVE. 26 5899 WHITFIELD AVE.
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 204 27 204
City & State City & State

23 SARASOTA, FL 28 SARASOTA, FL
Zip Zip Country Country

24 34243 25 MANATEE 29 34243 30 MANATEE

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 Name MARK N. WRIGHT
82 Street Address (P.O. Box Number is Not Acceptable)
5899 WHITFIELD AVE., STE. 204
83
84 City SARASOTA FL 85 Zip Code 34243

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 *Mark N. Wright* MARK N. WRIGHT 4/28/98
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	PO	<input type="checkbox"/> DELETE
NAME	ANDERSEN, KARL S.	
STREET ADDRESS	2640 BOUGAINVILLE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SO	<input type="checkbox"/> DELETE
NAME	SPRENGER EDGAR	
STREET ADDRESS	3432 DEPEW	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SYSTER, JOHN	
STREET ADDRESS	1031 S. EUCLID AVENUE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEELEY, DELMAR G	
STREET ADDRESS	5161 CEDAR HAMMOCK DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2791 VILLAGE BLVD., UNIT 101
1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33409-6929
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	200002524682
3.4 CITY-ST-ZIP	-05/15/98--01007--031
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 checked="" type="checkbox"/> Addition
5.2 NAME	MARK N. WRIGHT
5.3 STREET ADDRESS	5899 WHITFIELD AVE., STE. 204
5.4 CITY-ST-ZIP	SARASOTA, FL 34243
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	STANLEY SWARTZ
6.3 STREET ADDRESS	111 THIRD AVE. WEST, RIVERVIEW CTR., STE. 150
6.4 CITY-ST-ZIP	BRADENTON, FL 34205

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an Address.

SIGNATURE: *Mark N. Wright* 4/28/98 941.258.2016

CFR2E037 (10/97)