


FILE NOW: FILING FEE IS \$61.25

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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
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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
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3. Date Incorporated or Qualified 02/22/1985	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 59-2501264		

2. Principal Place of Business 21 5899 WHITFIELD AVE.	2a. Mailing Address 26 5899 WHITFIELD AVE.
Suite, Apt. #, etc. 22 204	Suite, Apt. #, etc. 27 204
City & State 23 SARASOTA, FL	City & State 28 SARASOTA, FL
Zip 24 34243	Country 25 MANATEE
Zip 29 34243	Country 30 MANATEE

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	2791 VILLAGO BLVD., UNIT 101 WEST PALM BEACH, FL 33409-6929	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	200002524682 -05/15/98--01007--031 ***70-00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D MARK N. WRIGHT 5899 WHITFIELD AVE., STE. 204 SARASOTA, FL 34243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D STANLEY SWARTZ 111 THIRD AVE. WEST, RIVERVIEW CTR., STE. 150 BRADENTON, FL 34205	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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* **MARK N. WRIGHT** **4/28/98** **941.258.2016**

CP2E037 (10/97)