


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Aug 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N07801
1. Entity Name
FAMILY LIFE INSTITUTE, INC.



Principal Place of Business Mailing Address
1031 SOUTH EUCLID AVENUE 1031 SOUTH EUCLID AVENUE
SARASOTA, FL 34237 SARASOTA, FL 34237

DO NOT WRITE IN THIS SPACE



06302005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
59-2501264 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SYSTER, JOHN E
1031 SOUTH EUCLID AVENUE
SARASOTA, FL 34237

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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: *John E. Syster* DATE: *June 30, 2005*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|-----------------|--|
| TITLE | PD |
| NAME | HALL STEVEN |
| STREET ADDRESS | 8755 MISTY CREEK DRIVE |
| CITY - ST - ZIP | SARASOTA, FL 34241 |
| TITLE | SD |
| NAME | MATTESON KAREN |
| STREET ADDRESS | 988 BOULEVARD OF THE ARTS, NO. 1814-15 |
| CITY - ST - ZIP | SARASOTA, FL 34236 |
| TITLE | VPD |
| NAME | SYSTER, JOHN |
| STREET ADDRESS | 1031 S. EUCLID AVENUE |
| CITY - ST - ZIP | SARASOTA, FL 34237 |
| TITLE | D |
| NAME | NEELEY, DELMAR G |
| STREET ADDRESS | 3778 BONAVENTURE COURT |
| CITY - ST - ZIP | SARASOTA, FL 34243 |
| TITLE | TD |
| NAME | ANTRIM, ROBERT |
| STREET ADDRESS | 7622 WEEPING WILLOW CIRCLE |
| CITY - ST - ZIP | SARASOTA, FL 34241 |
| TITLE | D |
| NAME | TREFFINGER, DON |
| STREET ADDRESS | 2092 WASATCH DRIVE |
| CITY - ST - ZIP | SARASOTA, FL 34235 |

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08/02/05-80004-017 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, 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: *Delmar G. Neeley* DATE: *July 14, 2005*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Duplicating Phone #