


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

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



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

Mailing Address
1031 SOUTH EUCLID AVENUE
SARASOTA, FL 34237



DO NOT WRITE IN THIS SPACE

01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2501264 Applied For 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

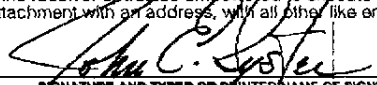
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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

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02/21/06-80026-006 61.25

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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 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:  2-3-06 941-953-7844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #