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 _____
Signature, typed or printed name of registered agent and title if applicable. (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	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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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: John C. Syster 2-3-06 941-953-7044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #