


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N07801</b> 1. Entity Name FAMILY LIFE INSTITUTE, INC.	
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Principal Place of Business 1031 SOUTH EUCLID AVENUE SARASOTA, FL 34237	Mailing Address 1031 SOUTH EUCLID AVENUE SARASOTA, FL 34237
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02082007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2501264	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  SYSTER, JOHN E 1031 SOUTH EUCLID AVENUE SARASOTA, FL 34237
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

<b>10. OFFICERS AND DIRECTORS</b>	
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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03/01/07-80033-005 61.25

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-07

Date

(941) 953-7044

Daytime Phone #