

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07801

FILED  
Jan 29, 2008  
Secretary of State

Entity Name: FAMILY LIFE INSTITUTE, INC.

## Current Principal Place of Business:

1031 SOUTH EUCLID AVENUE  
SARASOTA, FL 34237

## New Principal Place of Business:

## Current Mailing Address:

1031 SOUTH EUCLID AVENUE  
SARASOTA, FL 34237

## New Mailing Address:

FEI Number: 59-2501264

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SYSTER, JOHN E  
1031 SOUTH EUCLID AVENUE  
SARASOTA, FL 34237 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HALL STEVEN,  
Address: 8755 MISTY CREEK DRIVE  
City-St-Zip: SARASOTA, FL 34241

Title: SD ( ) Delete  
Name: MATTESON KAREN,  
Address: 988 BOULEVARD OF THE ARTS, NO. 1814-15  
City-St-Zip: SARASOTA, FL 34236

Title: VPD ( ) Delete  
Name: SYSTER, JOHN,  
Address: 1031 S. EUCLID AVENUE  
City-St-Zip: SARASOTA, FL 34237

Title: D ( ) Delete  
Name: NEELEY, DELMAR G  
Address: 3778 BONAVENTURE COURT  
City-St-Zip: SARASOTA, FL 34243

Title: TD ( ) Delete  
Name: ANTRIM, ROBERT  
Address: 7622 WEEPING WILLOW CIRCLE  
City-St-Zip: SARASOTA, FL 34241

Title: D ( ) Delete  
Name: TREFFINGER, DON  
Address: 2092 WASATCH DRIVE  
City-St-Zip: SARASOTA, FL 34235

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: NEELEY, DELMAR G  
Address: 4213 COPENHAGEN STREET  
City-St-Zip: SARASOTA, FL 34234

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON TREFFINGER

D

01/29/2008

Electronic Signature of Signing Officer or Director

Date