

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# N07801

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: 4213 COPENHAGEN STREET
City-St-Zip: SARASOTA, FL 34234

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

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: JOHN E. SYSTER

VPD

02/09/2009

Electronic Signature of Signing Officer or Director

Date