FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45000 (9)

1. Corporation Name
FAMILY RENEWAL INSTITUTE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
720 TURKEY OAK LN. NAPLES FL 33963 US	720 TURKEY OAK LN. NAPLES FL 33963 US

3. Date Incorporated or Qualified: 09/05/1991
3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0296690 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CARTER, JAINE M
720 TURKEY OAK LN.
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Jaine M. Carter JAINE M. CARTER 4/24/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	CARTER, JAINE	1.2 NAME		
STREET ADDRESS	720 TURKEY OAK LN.	1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33963	1.4 CITY-ST-ZIP		
TITLE	DT	2.1 TITLE		☐ Change ☐ Addition
NAME	MATTHEWS, BETTYE	2.2 NAME		
STREET ADDRESS	720 TURKEY OAK LN.	2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33963	2.4 CITY-ST-ZIP		
TITLE	VP	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	WESTENBROCK, LUANNE	3.2 NAME	WESTENBROCK, LUANNE	
STREET ADDRESS	7213 DRIFTWOOD SE	3.3 STREET ADDRESS	6250 TAHOE LANE S.E.	
CITY-ST-ZIP	GRAND RAPIDS MI	3.4 CITY-ST-ZIP	GRAND RAPIDS, MI 49546	
TITLE	DS	4.1 TITLE	DS	☐ Change ☐ Addition
NAME	GREUSEL, ~~JAMIE~~ Gregg	4.2 NAME	GREUSEL, GREGG	
STREET ADDRESS	1104 N COLLIER BLVD	4.3 STREET ADDRESS	1104 N. COLLIER BLVD	
CITY-ST-ZIP	MARCO ISL FL	4.4 CITY-ST-ZIP	MARCO ISLAND, FL 33959	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jaine Carter, President 4/24/95 813-566-7720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JAINE CARTER, Pres.

COR1587