2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000164491

1. Entity Name
FAMILY RELATIONS INSTITUTE INCORPORATED

Principal Place of Business	Mailing Address
9481 S.W. 147TH ST. MIAMI, FL 33176	9481 S.W. 147TH ST. MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE.

02012007   No Chg-P   CR2E034 (11/05)

4. FEI Number 20-2107758		Applied For Not Applicable
5. Certificate of Status Desired	☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CRITTENDEN, PATRICIA M
9481 SW 147 STREET
MIAMI, FL 33176

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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

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PSD
NAME	CRITTENDEN, PATRICIA M PH.D.
STREET ADDRESS	9481 S.W. 147TH ST.
CITY-ST-ZIP	MIAMI, FL 33176

TITLE	VT
NAME	WYBURN, JOHN
STREET ADDRESS	9481 S.W. 147TH ST.
CITY-ST-ZIP	MIAMI, FL 33176

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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04/09/07-80013-023 150.00

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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 607, 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: _Patricia M Crittenden_   _March 29 2007_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #