

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N95000000555 (1)**

1. Corporation Name  
**LIFELINE FAMILY CENTER, INC.**



300001829113  
-05/20/96--01040--033

Principal Place of Business: 4720 SE 15TH AVE. SUITE 103 CAPE CORAL FL 33904  
Mailing Address: 4720 SE 15TH AVE. SUITE 103 CAPE CORAL FL 33904

3. Date Incorporated or Qualified: **01/31/1995**  
3a. Date of Last Report

2. Principal Place of Business: 21 4518 Orchid Blvd  
2a. Mailing Address: 26 4518 Orchid Blvd.

4. FEI Number: 65-0529641  
Applied For: Not Applicable

Suite, Apt. #, etc.

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

City & State: 23 Cape Coral FL  
27 City & State: 28 Cape Coral FL

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

Zip: 24 33904  
Country: 25 USA  
Zip: 29 33904  
Country: 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, KATHERINE A  
4720 SE 15TH AVE.  
SUITE 103  
CAPE CORAL FL 33904

81 Name: same  
82 Street Address (P.O. Box Number is Not Acceptable): 4518 Orchid Blvd.  
83  
84 City: Cape Coral FL 85 Zip Code: 33904

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 I accept, the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *Katherine A. Miller*  
Signature typed or printed name of registered agent and title if applicable: Katherine A. Miller  
NOTE: Registered Agent signature required when reinstating.

4/17/96  
Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, KATHERINE	
STREET ADDRESS	5145 SANTA ROSA CT.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, LEO	
STREET ADDRESS	57 TIMBERLAND CIRCLE S.	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REILLY, BERNADETTE	
STREET ADDRESS	P.O. BOX 34 N/A	
CITY-ST-ZIP	CAPTIVA FL 33924	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROACH, GLENDA	
STREET ADDRESS	5146 GLADE CT.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Miller, Katherine	
13 STREET ADDRESS	5145 Santa Rosa Ct.	
14 CITY-ST-ZIP	Cape Coral FL 33904	
21 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Grumney, Judy	
23 STREET ADDRESS	17260-8 Eagle Trail	
24 CITY-ST-ZIP	Ft. Myers, FL 33908	
31 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Southwick, Holly	
33 STREET ADDRESS	3026SW 10th Ave.	
34 CITY-ST-ZIP	Cape Coral, FL 33914	
41 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Caton, Vicki	
43 STREET ADDRESS	18251 Caton lane	
44 CITY-ST-ZIP	N. Ft. Myers, FL 33917	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Horne, Jerry	
53 STREET ADDRESS	14830Canaan Drive	
54 CITY-ST-ZIP	Ft. Myers, FL 33908	
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Coy, Andy	
63 STREET ADDRESS	1813 DE Van Loon Terr.	
64 CITY-ST-ZIP	Cape Coral, FL 33990	

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)(k), 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: *Katherine A. Miller*  
Signature typed or printed name of signing officer or director: Katherine A. Miller  
Date: 4/17/96  
Daytime Phone #: 941-542-4457

CR2E037 (12/95)