

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
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3. Date Incorporated or Qualified 01/31/1995	3a. Date of Last Report
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2. Principal Place of Business 21 4518 Orchid Blvd	2a. Mailing Address 26 4518 Orchid Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23 Cape Coral FL	City & State 28 Cape Coral FL
Zip 24 33904	Country 25 USA
Country 29 33904	Country 30 USA

4. FEI Number 65-0529641	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MILLER, KATHERINE A 4720 SE 15TH AVE. SUITE 103 CAPE CORAL FL 33904	
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10. Name and Address of New Registered Agent	
81 Name same	
82 Street Address (P.O. Box Number is Not Acceptable) 4518 Orchid Blvd.	
83	
84 City Cape Coral	85 Zip Code FL 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 accept, the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: Katherine A. Miller 4/17/96
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS	
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME Caton, Vicki	
43 STREET ADDRESS 18251 Caton lane	
44 CITY-ST-ZIP N. Ft. Myers, FL 33917	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 4/17/96 941-542-4457
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)