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Apr 21 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000000555 (1)

1. Corporation Name

LIFELINE FAMILY CENTER, INC.

Principal Place of Business

4518 ORCHID BLVD.
CAPE CORAL FL 33904

Mailing Address

4518 ORCHID BLVD.
CAPE CORAL FL 33904-7452



3. Date Incorporated or Qualified
01/31/1995

3a. Date of Last Report
4/28/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
65-0529641

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

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
4518 ORCHID BLVD.
CAPE CORAL FL 33904

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 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
Signature, typed or printed name of registered agent and title if applicable.

Katherine A. Miller
(NOTE: Registered Agent signature required when reinstating)

4/7/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D ☐ DELETE
NAME MILLER, KATHERINE
STREET ADDRESS 5145 SANTA ROSA CT.
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE V/D ☒ DELETE
NAME GRUMNEY, JUDY
STREET ADDRESS 17260-8 EAGLE TRAIL
CITY-ST-ZIP FT. MYERS FL 33908

TITLE T/D ☒ DELETE
NAME SOUTHWICK, HOLLY
STREET ADDRESS 3026 SW 10TH AVE.
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE S ☐ DELETE
NAME CATON, VICKI
STREET ADDRESS 18251 CATON LANE
CITY-ST-ZIP N. FT. MYERS FL 33917

TITLE D ☒ DELETE
NAME HORNE, JERRY
STREET ADDRESS 14830 CANAAN DR.
CITY-ST-ZIP FT. MYERS FL 33908

TITLE D ☒ DELETE
NAME COY, ANDY
STREET ADDRESS 1813 DE VAN LOON TERR.
CITY-ST-ZIP CAPE CORAL FL 33990

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☒ Addition
2.2 NAME V/P
2.3 STREET ADDRESS David Nation
2.4 CITY-ST-ZIP 304 S.E. 20th Pl
Cape Coral, FL 33990

3.1 TITLE ☒ Change ☒ Addition
3.2 NAME Mary Massaro T/D
3.3 STREET ADDRESS 1220 S.W. 53rd St.
3.4 CITY-ST-ZIP Cape Coral, FL 33914

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME D
5.3 STREET ADDRESS Horne, Jerry
5.4 CITY-ST-ZIP 14970 Caleb Drive
Ft. Myers, FL 33908

6.1 TITLE ☒ Change ☒ Addition
6.2 NAME D
6.3 STREET ADDRESS Robert Taylor
6.4 CITY-ST-ZIP 3900-3 Colonial Blvd
Ft. Myers, FL 33912

14. I do hereby certify that the information supplied with this filing 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:

Katherine A. Miller 4/7/97 - 941-542-4429

CR2E037 (9/96)