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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 Mailing Address
4518 ORCHID BLVD. 4518 ORCHID BLVD.
CAPE CORAL FL 33904 CAPE CORAL FL 33904-7452

3. Date Incorporated or Qualified 01/31/1995
3a. Date of Last Report 4/19/1996

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0529641	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Zip	30. Country	Country
25. Country	30. Country	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

10. Name and Address of New Registered Agent

MILLER, KATHERINE A
4518 ORCHID BLVD.
CAPE CORAL FL 33904

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

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* *Katherine A. Miller* 4/7/97
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	P/D MILLER, KATHERINE 5145 SANTA ROSA CT. CAPE CORAL FL 33904	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V/D GRUMNEY, JUDY 17260-8 EAGLE TRAIL FT. MYERS FL 33908	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	V/P David Nation
STREET ADDRESS		2.3 STREET ADDRESS	304 S.E. 20th Pl
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Cape Coral, FL 33990
TITLE	T/D SOUTHWICK, HOLLY 3026 SW 10TH AVE. CAPE CORAL FL 33914	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Mary Massaro T/D
STREET ADDRESS		3.3 STREET ADDRESS	1220 S.W. 53rd St.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Cape Coral, FL 33914
TITLE	S CATON, VICKI 18251 CATON LANE N. FT. MYERS FL 33917	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D HORNE, JERRY 14830 CANAAN DR. FT. MYERS FL 33908	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Horne, Jerry
STREET ADDRESS		5.3 STREET ADDRESS	14970 Caleb Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Ft. Myers, FL 33908
TITLE	D COY, ANDY 1813 DE VAN LOON TERR. CAPE CORAL FL 33990	6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Robert Taylor
STREET ADDRESS		6.3 STREET ADDRESS	3900-3 Colonial Blvd
CITY-ST-ZIP		6.4 CITY-ST-ZIP	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: *Sandra B. Mortham* *Katherine A. Miller* 4/7/97 - 941-547-4400

CR2E037 (9/96)