

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 01/31/1995	
4. FEI Number 65-0529641	Applied For <input type="checkbox"/> Not Applicable
6. 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
23 City & State	27 City & State
24 Zip	25 Country
28 Zip	29 Country
30	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P/D <input type="checkbox"/> DELETE
NAME	MILLER, KATHERINE
STREET ADDRESS	5145 SANTA ROSA CT.
CITY-ST-ZIP	CAPE CORAL FL 33904
TITLE	VP <input type="checkbox"/> DELETE
NAME	NATION, DAVID
STREET ADDRESS	304 S.E. 20TH PL.
CITY-ST-ZIP	CAPE CORAL FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	MASSARI, MARY
STREET ADDRESS	1220 S.W. 53RD ST.
CITY-ST-ZIP	CAPE CORAL FL
TITLE	S <input type="checkbox"/> DELETE
NAME	CATON, VICKI
STREET ADDRESS	18251 CATON LANE
CITY-ST-ZIP	N. FT. MYERS FL 33917
TITLE	D <input type="checkbox"/> DELETE
NAME	HORNE, JERRY
STREET ADDRESS	14970 CALEB DRIVE
CITY-ST-ZIP	FT. MYERS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	TAYLOR, ROBERT
STREET ADDRESS	8900-3 COLONIAL BLVD.
CITY-ST-ZIP	FT. MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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: _____ 2/26/98 (941) 542-4457

CF2E037 (10/97)