


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90003 013 \*\*\*\*61.25

0059857

|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # N95000000555**

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

|   |   |
|---|---|
| Principal Place of Business<br>4518 ORCHID BLVD.<br>CAPE CORAL FL 33904 | Mailing Address<br>4518 ORCHID BLVD.<br>CAPE CORAL FL 33904 |
|---|---|

\* 9 91605 . 6 90003 . 13 5 \*



|                                 |                         |  |
|---------------------------------|-------------------------|--|
| 21. Principal Place of Business | 2a. Mailing Address     | 3. Date Incorporated or Qualified<br><b>01/31/1995</b>   |
| 22. Suite, Apt. #, etc.         | 27. Suite, Apt. #, etc. | 4. FEI Number<br><b>65-0529641</b>   |
| 23. City & State                | 28. City & State        | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                    |
| 24. Zip                         | 29. Zip                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |

|   |  |  |           |
|---|--|--|-----------|
| 9. Name and Address of Current Registered Agent                 |  | 10. Name and Address of New Registered Agent           |           |
| MILLER, KATHERINE A<br>4518 ORCHID BLVD.<br>CAPE CORAL FL 33904 |  | 81. Name   |           |
|   |  | 82. Street Address (P.O. Box Number is Not Acceptable) |           |
|   |  | 83.  |           |
|   |  | 84. City   | <b>FL</b> |
|   |  | 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 |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-------------------------------------|---|--|
| TITLE                      | P/D <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MILLER, KATHERINE                   | 1.2 NAME  |  |
| STREET ADDRESS             | 5145 SANTA ROSA CT.                 | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | CAPE CORAL FL 33904                 | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VP <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | NATION, DAVID                       | 2.2 NAME  |  |
| STREET ADDRESS             | 304 S.E. 20TH PL.                   | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | CAPE CORAL FL                       | 2.4 CITY-ST-ZIP                                       | <b>33990</b>   |
| TITLE                      | TD <input type="checkbox"/> DELETE  | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MARRARO, MARY                       | 3.2 NAME  | <b>TD MASSARO, MARY</b><br><b>CORRECT NAME</b>                               |
| STREET ADDRESS             | 1220 S.W. 53RD ST.                  | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | CAPE CORAL FL                       | 3.4 CITY-ST-ZIP                                       | <b>33914</b>   |
| TITLE                      | S <input type="checkbox"/> DELETE   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | CATON, VICKI                        | 4.2 NAME  |  |
| STREET ADDRESS             | 18251 CATON LANE                    | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | N. FT. MYERS FL 33917               | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input type="checkbox"/> DELETE   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | HORNE, JERRY                        | 5.2 NAME  |  |
| STREET ADDRESS             | 14970 CALEB DRIVE                   | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | FT. MYERS FL                        | 5.4 CITY-ST-ZIP                                       | <b>33908</b>   |
| TITLE                      | D <input type="checkbox"/> DELETE   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | TAYLOR, ROBERT                      | 6.2 NAME  |  |
| STREET ADDRESS             | 3900-3 COLONIAL BLVD.               | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | FT. MYERS FL                        | 6.4 CITY-ST-ZIP                                       | <b>33912</b>   |

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, with all other like empowered.

SIGNATURE: Katherine Miller **WIRED** 1/4/99 941-542-4457  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)