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Feb 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000000555

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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* 9 91605 . 6 90003 . 13 5 *



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/31/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0529641
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 _____ (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	33990
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARRARO, MARY		3.2 NAME	TD MASSARO, MARY CORRECT NAME
STREET ADDRESS 1220 S.W. 53RD ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP CAPE CORAL FL		3.4 CITY-ST-ZIP	33914
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	33908
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	33912

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)