

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90086 012 ****61.25

DOCUMENT # N95000000555

1. Entity Name

LIFELINE FAMILY CENTER, INC.

Principal Place of Business

Mailing Address

**4518 ORCHID BLVD.
 CAPE CORAL FL 33904**

**4518 ORCHID BLVD.
 CAPE CORAL FL 33904-7452**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0529641

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------|---------------------------------|
| 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 33990 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | MASSARO, MARY | |
| STREET ADDRESS | 1220 S.W. 53RD ST. | |
| CITY-ST-ZIP | CAPE CORAL FL 33914 | |
| 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 33908 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | TAYLOR, ROBERT | |
| STREET ADDRESS | 3900-3 COLONIAL BLVD. | |
| CITY-ST-ZIP | FT. MYERS FL 33912 | |

| | | |
|----------------|----------------------|--|
| TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Richard Beaverson | |
| STREET ADDRESS | 1504 S.W. 54th Terr | |
| CITY-ST-ZIP | Cape Coral, FL 33914 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Arnold Gibbs | |
| STREET ADDRESS | P.O. Box 150027 | |
| CITY-ST-ZIP | Cape Coral, FL 33915 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Massaro, Mary | |
| STREET ADDRESS | (address the same) | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Matt Wolfe | |
| STREET ADDRESS | 1922 NE 15th Terr | |
| CITY-ST-ZIP | Cape Coral, FL 33909 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Katherine A. Miller* **Katherine A. Miller** 1-6-00 941-542-4457
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)