## FILED May 04, 2001 8:00 am Secretary of State

2001 UNIFORM BUSINESS	REPORT	(UBR)
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DOCUMENT # N9500000555... 1. Entity Name

LIFELINE FAMILY CENTER, INC.

					03-04-2001 90080	013	01.23		
Principal Plac	ce of Business	Mailing Address							
4518 ORCHIE CAPE CORAL		4518 ORCHID BLVD. CAPE CORAL FL 33904							
							AL BUILD AND TABLE		
2. Principal Place of Business 3. Mailing Address					al airea ear lea				
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & Sta	City & State City & State		4. FEI Numbe	4. FEI Number 65-0529641		Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of	of Status Desired	\$8.75 /	Additional	٦	
<u> </u>	6. Name and Address of Current	Registered Agent			Address of New Registered		<u></u>	╣	
			Name					٦	
	MILLER, IVATULABILE A			fress (P.O. Box Numbe	(P.O. Box Number is Not Acceptable)				
	CHID BLVD. DRAL FL 33904							1	
OATE OC			City	··	FI	Zip C	ode	1	
8. The above	a named entity submits this statement for	r the purpose of changing its re	egistered office or re	egistered agent, or both	n, in the state of Florida.			1	
SIGNATURE	Signature, typed or printed name of registered agent a FILE NOW: FEE IS \$61.25	9. Election Campaign F Trust Fund Contribut		\$5.00 May Be Added to Fees	Make Check Departmer			-	
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHA	NGES TO OFFICERS AND D	IRECTORS	IN 10	٦,	
TITLE	P/D	☐ Delete	TITLE	VP/P		Chang	e 🖪 Addition	000	
NAME STREET ADDRESS	MILLER, KATHERINE 5145 SANTA ROSA CT.		NAME TO THE STREET ADDRESS	Matt Wolfe	to Terry			1	
CITY-ST-ZIP	CAPE CORAL FL 33904		City-ST-ZIP	Cape Coral	FL 33909			LO L	
TITLE	VP /	Delete	TITLE V	P/D _	<del>)</del>	☐ Chaлg	e 🖸 Addition	٦ <u>ۇ</u>	
NAME	NATION, DAVID 304 S.E. 20TH RL.		NAME :						
STREET ADDRESS CITY-ST-ZIP	1 304 S.E. 2018 RL		<b>I</b>   F	عمن آکا انداد	. 4 5			}	
O/11 O. 2//	CAPE CORAL EL 33990	المتنبية المعاد الحي المتابية	STREET ADDRESS	Phil Rice	side Dr.	-			
TITLE	CAPE CORAL FL 33990	. ™ un	CITY-ST-ZIP	Phil Rice	side Dr. 45, FL 34/34	- Chano	2 DP Addition		
TITLE NAME	CAPE CORAL FL 38990  D/ MASSARO, MARY	☐ Delete	CITY-ST-ZIP	Phil Rice 13661 Water: Bonita Sprin	s FL 39/34	· Chang	e DAddition	_	
	CAPE ORAL FL 33990  D/T  MASSARO, MARY 1220 S.W. 53RD ST.	☐ Delete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Phil Rice 13661 Water: Bonita Sprin 1/D Binhard Bea	as, 1-12 39/39 verson	☐ Chang	e <b>D</b> Addition	_	
NAME	CAPE ORAL FL 33990  D/T  MASSARO, MARY 1220 S.W. 53RD ST.  CAPE CORAL FL 33914		CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Phil Rice 13661 Water: Bonita Sprin	as, 1 <sup>2</sup> 1, 39739 werson				
NAME STREET ADDRESS CITY-ST-ZIP TITLE	CAPE ORAL FL 33990  D/T  MASSARO, MARY 1220 S.W. 53RD ST.  CAPE CORAL FL 33914  S/D	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Phil Rice 13661 Water: Bonita Sprin TD Richard Boo 1504 SWS4 Tel Lape Coral,	as, 1 <sup>2</sup> 1, 39739 werson	☐ Chang			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	CAPE ORAL FL 33990  D/T  MASSARO, MARY 1220 S.W. 53RD ST.  CAPE CORAL FL 33914  S/D  CATON, VICKI		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Phil Rice 13661 Waters Bonita Sprin 7D Richard Bea 1507 5 W 54 Tel Lape Coral 1701 Cibbs	gs, FL 39/39 werson FL 33914				
NAME STREET ADDRESS CITY-ST-ZIP TITLE	CAPE ORAL FL 33990  D/T  MASSARO, MARY 1220 S.W. 53RD ST.  CAPE CORAL FL 33914  S/D		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS A	Phil Rice 13601 Water: Bonita Sprin 10 Richard Beo 1504 SWS4 Tel Lape Coral 17 Honold Clobs 1515 Nicholas	gs, FL 39739 werson FL 33914 Pkwy				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAPE ORAL FL 33990  D/T MASSARO, MARY 1220 S.W. 53RD ST. CAPE CORAL FL 33914  S/D CATON, VICKI 18251 CATON LANE N. FT. MYERS FL 33917  D		CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Phil Rice 13601 Water Bonita Sprin Plot Swith Boo 1504 Swith Boo Lape Coral Proof Clobs 158 Nicholas Lape Coral D	gs, FL 39/39 werson FL 33914 Pkwy FL 33991		e 🖫 Addition		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAPE ORAL FL 33990  D/T MASSARO, MARY 1220 S.W. 53RD ST. CAPE CORAL FL 33914  S/D CATON, VICKI 18251 CATON LANE N. FT. MYERS FL 33917  D HORNE, JERRY	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Phil Rice 13601 Water 1801 Water 1801 Sprin 1801 SWST Tel 1801 STANALA 1801 STANALA	gs, FL 39/39 werson FL 33914 Pkwy FL 33991 nol	□ Chang	e (3) Addition		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CAPE ORAL FL 33990  D/T  MASSARO, MARY 1220 S.W. 53RD ST.  CAPE CORAL FL 33914  S/D  CATON, VICKI 18251 CATON LANE N. FT. MYERS FL 33917  D  HORNE, JERRY 14970 CALEB DRIVE	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	Phil Rice 13661 Water Bonita Sprin For Swist Tel 1504 Swist Tel 1504 Swist Tel 1504 Swist Tel 1650 Micholas 1650 Deal Ro 1650 Deal Ro 1650 Deal Ro	gs, FL 39/39 werson FL 33914 Pkwy FL 33991 nd	□ Chang	e (3) Addition		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	CAPE ORAL FL 33990  D/T MASSARO, MARY 1220 S.W. 53RD ST. CAPE CORAL FL 33914  S/D CATON, VICKI 18251 CATON LANE N. FT. MYERS FL 33917  D HORNE, JERRY 14970 CALEB DRIVE FT. MYERS FL 33908	☐ Delete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Phil Rice 13661 Water Bonita Sprin For Swist Tel 1504 Swist Tel 1504 Swist Tel 1504 Swist Tel 1650 Micholas 1650 Deal Ro 1650 Deal Ro 1650 Deal Ro	gs, FL 39/39 werson FL 33914 Pkwy FL 33991 nol	Chang	e Addition		
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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:** 

ECKatherine A. Miller 4/27/01