2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 AM
Secretary of State

DOCUMENT# N95000000555

Entity Name: LIFELINE FAMILY CENTER, INC.

Current Principal Place of Business:

4518 ORCHID BLVD.
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

4518 ORCHID BLVD.
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 65-0529641 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P/D	( ) Delete
Name:	MILLER, KATHERINE	
Address:	5145 SANTA ROSA CT.	
City-St-Zip:	CAPE CORAL, FL 33904	
Title:	VPD	( ) Delete
Name:	WOLFE, MATT	
Address:	1922 NE 15TH TERRACE	
City-St-Zip:	CAPE CORAL, FL 33909	
Title:	D	( ) Delete
Name:	MASSARO, MARY	
Address:	1220 S.W. 53RD ST.	
City-St-Zip:	CAPE CORAL, FL 33914	
Title:	SD	( ) Delete
Name:	CATON, VICKI,	
Address:	18251 CATON LANE	
City-St-Zip:	N. FT. MYERS, FL 33917	
Title:	D	( ) Delete
Name:	HORNE, JERRY	
Address:	14970 CALEB DRIVE	
City-St-Zip:	FT. MYERS, FL 33908	
Title:	VPD	( ) Delete
Name:	RICE, PHIL	
Address:	23661 WATERSIDE DRIVE	
City-St-Zip:	BONITA SPRINGS, FL 34134	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	BEAVERSON, RICHARD	
Address:	1504 S.W. 54TH TERRACE	
City-St-Zip:	CAPE CORAL, FL 33914	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	CATON, VICKI	
Address:	18251 CATON LANE	
City-St-Zip:	N. FT. MYERS, FL 33917	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHERINE A. MILLER MRS 02/26/2002

Electronic Signature of Signing Officer or Director — Date

LOWELL SMITH, DR.
1618 EDITH ESPLANADA
CAPE CORAL, FL 33904

JACK STANALAND
11650 DEAL ROAD
NORTH FORT MYERS, FL 33917

ARNOLD GIBBS
1531 S.W. 57TH STREET
CAPE CORAL, FL 33914-8020