


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90006 006 \*\*\*\*61.25

<b>DOCUMENT # N95000000555</b>					
1. Entity 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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P/D	<input type="checkbox"/> Delete	TITLE	Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, KATHERINE		NAME	Jack Stanaland	
STREET ADDRESS	5145 SANTA ROSA CT.		STREET ADDRESS	4830 Gulfgate Lane	
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP	St. James City, FL 33956	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEAVERSON, RICHARD		NAME	Liz Munz	
STREET ADDRESS	1504 S.W. 54TH TERRACE		STREET ADDRESS	PO Box 835	
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP	Bokeelia FL 33922	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASSARO, MARY		NAME	Dick Tatro	
STREET ADDRESS	5206 SW 23RD AVE		STREET ADDRESS	3450 Woodland Blvd.	
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP	Fort Myers, FL 33907	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CATON, VICKI		NAME	Dick Beaverson	
STREET ADDRESS	18251 CATON LANE		STREET ADDRESS	1504 SW 54 Terr	
CITY-ST-ZIP	N. FT. MYERS, FL 33917		CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HORNE, JERRY		NAME	Linda Howard	
STREET ADDRESS	14970 CALEB DRIVE		STREET ADDRESS	623 SW 53rd Terr	
CITY-ST-ZIP	FT. MYERS, FL 33908		CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE	<del>VP</del> D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICE, PHIL		NAME	Arnold Gibbs	
STREET ADDRESS	3713 BAY CREEK DR		STREET ADDRESS	5909 Tarpon Garden Circle #201	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP	CAPE CORAL, FL 33914	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Katherine A. Miller</i>			Date: 3/14/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 239-542-4457		