


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90114 012 \*\*\*\*61.25

**DOCUMENT # N95000000555**

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**

60012315



2. Principal Place of Business - No P.O. Box #  
**907 SE 5th Avenue**

3. Mailing Address  
**907 SE 5th Avenue**

Subs. Apt. #, etc.

01242007 Chg-NP CR2E037 (12/06)

City & State  
**Cape Coral, FL**

City & State  
**Cape Coral, FL**

Zip Country  
**33990 USA**

Zip Country  
**33990 USA**

4. FEI Number  
**65-0529641**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MILLER, KATHERINE A  
 4518 ORCHID BLVD  
 CAPE CORAL, FL 33904**

7. Name and Address of New Registered Agent  
 Name **Miller, Katherine A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**907 SE 5th Avenue**  
 City **Cape Coral** FL Zip Code **33990**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P/D	MILLER, KATHERINE 5145 SANTA ROSA CT. CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE Chairman	Jack Stanaland 4830 Gulfgate Lane St. James City, FL 33956 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	BEAVERSON, RICHARD 1504 S.W. 54TH TERRACE CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Delete	TITLE VPD	Liz Munz Po Box 825 Bokeelia, FL 33922 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	MASSARO, MARY 5206 SW 23RD AVE CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE George Waters -Treasurer	1805 Farm Trail Sanibel, FL 33957 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD	CATON, VICKI 18251 CATON LANE N. FT. MYERS, FL 33917 <input type="checkbox"/> Delete	TITLE D	Carol Notes 835 S Town + River Dr. Ft. Myers, FL 33919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	HORNE, JERRY 14970 CALEB DRIVE FT. MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE D	Linda Howard 623 SW 53rd Terrace Cape Coral, 33914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD-D	RICE, PHIL 3713 BAY CREEK DR BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE D	Dick Tatro 2450 Woodland Blvd. Ft. Myers, FL 33907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Katherine G. Miller Date: 1/24/07 Daytime Phone #: 239-242-7238

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR