

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000555

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: LIFELINE FAMILY CENTER, INC.

**Current Principal Place of Business:**

907 SE 5TH AVE  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

907 SE 5TH AVE  
CAPE CORAL, FL 33990

**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  
907 SE 5TH AVE  
CAPE CORAL, FL 33990      US

**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: D ( ) Delete  
Name: STANALAND, JACK  
Address: 4830 GULFGATE LN  
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: D ( ) Delete  
Name: MASSARO, MARY  
Address: 5206 SW 23RD AVE  
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: D ( ) Delete  
Name: RICE, PHIL  
Address: 3713 BAY CREEK DR  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: C/B (X) Change ( ) Addition  
Name: RICE, PHIL  
Address: 20569 CYPRESS KNEE COURT  
City-St-Zip: ESTERO, FL 33928

Title: V/P (X) Change ( ) Addition  
Name: MUNZ, LIZ  
Address: P.O. BOX 825  
City-St-Zip: BOKEELIA, FL 33922

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: WATERS, GEORGE  
Address: 1805 FARM TRAIL  
City-St-Zip: SANIBEL, FL 33957

Title: T/D (X) Change ( ) Addition  
Name: MASSARO, MARY  
Address: 5206 SW 23RD AVENUE  
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

P/D

01/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date