

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N95000000555

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