

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000555

FILED  
Feb 02, 2012  
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  
Name: MILLER, KATHERINE  
Address: 5145 SANTA ROSA CT.  
City-St-Zip: CAPE CORAL, FL 33904

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

Title: VC/B  
Name: MUNZ, LIZ  
Address: P.O. BOX 825  
City-St-Zip: BOKEELIA, FL 33922

Title: SD  
Name: WEBB, JEAN  
Address: 1772 INLET DR.  
City-St-Zip: N. FT. MYERS, FL 33903

Title: TD  
Name: WATERS, GEORGE  
Address: 15571 SHELL POINT BLVD  
City-St-Zip: FT. MYERS, FL 33908

I hereby 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 all other like empowered.

SIGNATURE: KATHERINE A. MILLER

P/D

02/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date