## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000000555

Entity Name: LIFELINE FAMILY CENTER, INC.

**Current Principal Place of Business:** 

907 SE 5TH AVE

CAPE CORAL, FL 33990

**Current Mailing Address:** 

907 SE 5TH AVE

CAPE CORAL, FL 33990 US

FEI Number: 65-0529641 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DELUCA, MEGHAN 907 SE 5TH AVE CAPE CORAL, FL 33990 US

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

FILED Apr 06, 2023

**Secretary of State** 

5245947414CC

Officer/Director Detail:

Title CHAIRMAN, TREASURER Title PRESIDENT

NameHILLDORE, CHERYLNameDELUCA, MEGHANAddress907 SE 5TH AVEAddress907 SE 5TH AVE

City-State-Zip: CAPE CORAL FL 33990 City-State-Zip: CAPE CORAL FL 33990

Title DIRECTOR Title SECRETARY

Name BENNETT, TIMOTHY Name CHAPMAN, MARY-CLAIRE DR.

Address 907 SE 5TH AVE Address 907 SE 5TH AVE

City-State-Zip: CAPE CORAL FL 33990 City-State-Zip: CAPE CORAL FL 33990

Title VC

Name SIMPSON, RICHARD AARON

Address 907 SE 5TH AVE

City-State-Zip: CAPE CORAL FL 33990

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: MEGHAN DELUCA PRES

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

04/06/2023

Date