

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000555

FILED
Jan 15, 2020
Secretary of State
2163401875CC

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

FEI Number: 65-0529641

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILLER, KATHERINE A
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

Officer/Director Detail :

Title P/D
Name MILLER, KATHERINE
Address 5145 SANTA ROSA CT.
City-State-Zip: CAPE CORAL FL 33904

Title C/B
Name HILLORE, CHERYL
Address 5799 HARBOUR CIR.
City-State-Zip: CAPE CORAL FL 33914

Title VC/B
Name ATKINS, FRED
Address 3040 OASIS GRAND BLVD #1101
City-State-Zip: FORT MYERS FL 33916

Title SECRETARY
Name MEGHAN, DELUCA
Address 1135 SW 17TH ST
City-State-Zip: BOCA RATON FL 33486

Title TREASURER
Name WHITMAN, BRITNEY
Address 514 SE 13TH ST
City-State-Zip: CAPE CORAL FL 33990

Title DIRECTOR
Name HERDOIZA, CAMILLE
Address 13130 MANDALAY DR.
City-State-Zip: PUNTA GORDA FL 33955

Title DIRECTOR
Name MONTGOMERY, BARBARA
Address 4104 SE 20TH PL
APT. B2
City-State-Zip: CAPE CORAL FL 33904

Title DIRECTOR
Name RICE, PHIL
Address 4090 NOCATEE LANE
City-State-Zip: FORT MYERS FL 33905

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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 MILLER

PRESIDENT/CEO

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BOYE, JAIME
Address 3815 SE 13TH AVE
City-State-Zip: CAPE CORAL FL 33904

Title DIRECTOR
Name GRAHAM, CHERYL
Address 34 NW 25TH TER
City-State-Zip: CAPE CORAL FL 33903