

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000000555

**FILED**  
**Jan 15, 2016**  
**Secretary of State**  
**CC0485647731**

**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 MONTGOMERY, BARBARA  
Address 4020 SE 20TH PLACE, APT. 3  
City-State-Zip: CAPE CORAL FL 33904

Title VC/B  
Name HILLDORE, CHERYL  
Address 1109 NE 15TH ST.  
City-State-Zip: CAPE CORAL FL 33909

Title SD  
Name CHASE, CHERYL  
Address 1772 INLET DR.  
City-State-Zip: N. FT. MYERS FL 33903

Title TD  
Name WATERS, GEORGE  
Address 15571 SHELL POINT BLVD  
City-State-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 MILLER

**PRESIDENT/CEO**

**01/15/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date