

2016 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**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	VC/B
Name	HILLDORE, CHERYL
Address	1109 NE 15TH ST.
City-State-Zip:	CAPE CORAL FL 33909

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

Title	C/B
Name	MONTGOMERY, BARBARA
Address	4020 SE 20TH PLACE, APT. 3
City-State-Zip:	CAPE CORAL FL 33904

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

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