

**2024 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

**Officer/Director Detail :**

Title CHAIRMAN  
Name REAGAN, SHEENA  
Address 907 SE 5TH AVE  
City-State-Zip: CAPE CORAL FL 33990

Title PRESIDENT  
Name DELUCA, MEGHAN  
Address 907 SE 5TH AVE  
City-State-Zip: CAPE CORAL FL 33990

Title DIRECTOR  
Name WALLACE, NATHAN  
Address 907 SE 5TH AVE  
City-State-Zip: CAPE CORAL FL 33990

Title SECRETARY  
Name FLOYD, LARRY DR.  
Address 907 SE 5TH AVE  
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

Title DIRECTOR  
Name PAGANO, DAVID  
Address 907 SE 5TH AVE  
City-State-Zip: CAPE CORAL FL 33990

Title TREASURER  
Name COTA, ROBIN  
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**

**PRESIDENT**

**01/25/2024**

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

\_\_\_\_\_  
Date