

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **703949** (8)

1. Corporation Name
LIFE LINE CENTER (CHRIST IN THE HOME, INC.)



Principal Place of Business: **3058 SKYVIEW DR LAKELAND FL 33801 US**
Mailing Address: **P.O. BOX 91695 LAKELAND FL 33804 US**

3. Date Incorporated or Qualified: **04/26/1962**
3a. Date of Last Report: **04/17/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 2020 E. Edgewood Dr.	26	65-0089457	<input type="checkbox"/>
22 21	27	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23 Lakeland, Florida	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 33803	25 Polk	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**GALLOWAY, JOHN NEAL
1332 GIB-GALLOWAY RD
LAKELAND FL 33809**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2020 E. Edgewood Dr.
83 **Lakeland, FL**
84 City
85 Zip Code
FL 33803

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLOWAY, JOHN NEAL	12 NAME	
STREET ADDRESS	3058 SKYVIEW DR	13 STREET ADDRESS	2020 E. Edgewood Dr
CITY - ST - ZIP	LAKELAND FL	14 CITY - ST - ZIP	Lakeland, FL 33803
TITLE	SD	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLOWAY, MILDRED L.	22 NAME	
STREET ADDRESS	3808 SKYVIEW DR	23 STREET ADDRESS	2020 E. Edgewood Dr.
CITY - ST - ZIP	LAKELAND FL	24 CITY - ST - ZIP	Lakeland, FL 33803
TITLE	TD	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, BARBARA A	32 NAME	
STREET ADDRESS	3058 SKYVIEW DR	33 STREET ADDRESS	2020 E. Edgewood Dr.
CITY - ST - ZIP	LAKELAND FL	34 CITY - ST - ZIP	Lakeland, FL 33803
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: **Mildred L. Galloway** 1-30-96 (940)667-0811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Year