

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90116 034 \*\*\*\*70.00

**DOCUMENT # 703949**

1. Entity Name

**LIFE LINE CENTER (CHRIST IN THE HOME, INC.)**

Principal Place of Business

**256 24TH ST SW  
WINTER HAVEN FL 33880  
US**

Mailing Address

**P O BOX 1766  
WINTER HAVEN FL 33882  
US**

2. Principal Place of Business

**4508 AVALON COVE**  
Suite, Apt. #, etc.

3. Mailing Address

**SAME AS ABOVE**  
Suite, Apt. #, etc.

City & State

**LAKELAND, FLORIDA**

City & State

Zip

**33801**

Country

**USA**

Country

4. FEI Number

**65-0089457**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GALLOWAY, MILDRED L  
256 24TH ST SW  
WINTER HAVEN FL 33880**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

**Mildred L Galloway**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-07-02**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **GALLOWAY, MILDRED L**  
STREET ADDRESS **256 24TH ST SW**  
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **SD** ☐ Delete  
NAME **MAINE, EMMA M**  
STREET ADDRESS **1123 ERMINE AVE**  
CITY-ST-ZIP **WINTER SPGS FL 32708**

TITLE **TD** ☐ Delete  
NAME **GOFF, BARBARA A**  
STREET ADDRESS **256 24TH ST SW**  
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Mildred L Galloway**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-07-02**

Date

Daytime Phone #

CR2E037 (9/01)