


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90162 019 \*\*\*\*70.00

<b>DOCUMENT # 703949</b>	
<b>1. Entity Name</b> LIFE LINE CENTER (CHRIST IN THE HOME, INC.)	

<b>Principal Place of Business</b> 4508 AVALON COVE LAKELAND FL 33801 US	<b>Mailing Address</b> P O BOX 1766 WINTER HAVEN FL 33882 US
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<b>2. Principal Place of Business</b> 4508 AVALON COVE Lakeland	<b>3. Mailing Address</b>
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<b>Suite, Apt. #, etc.</b> Lakeland	<b>Suite, Apt. #, etc.</b>
<b>City &amp; State</b> Lakeland Florida	<b>City &amp; State</b>
<b>Zip</b> 33801	<b>Country</b> USA



1st MOORE CR2E037 (10/04)

<b>4. FEI Number</b> 65-0089457	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b> GALLOWAY, MILDRED L 256 24TH ST SW WINTER HAVEN FL 33880	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 4508 AVALON COVE City Lakeland FL Zip Code 33801
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**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. I am familiar with, and accept the obligations of registered agent.**

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable	<b>DATE</b> (NOTE: Registered Agent signature required when reinstating)
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<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PD	<b>NAME</b> GALLOWAY, MILDRED L <b>STREET ADDRESS</b> 4508 AVALON COVE <b>CITY-ST-ZIP</b> LAKELAND FL 33801	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> SD	<b>NAME</b> MAINE, EMMA M <b>STREET ADDRESS</b> 1123 ERMINE AVE <b>CITY-ST-ZIP</b> WINTER SPGS FL 32708	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> TD	<b>NAME</b> GOFF, BARBARA A <b>STREET ADDRESS</b> 4508 AVALON COVE <b>CITY-ST-ZIP</b> LAKELAND FL 33801	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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.**

<b>SIGNATURE:</b> Mildred L Galloway, PD	<b>Date:</b> 3-2-05 (863)667-2029
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Daytime Phone #</small>