

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90069 047 ****70.00

DOCUMENT # 703949

1. Entity Name

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



Principal Place of Business

4508 AVALON COVE
LAKELAND FL 33801
US

Mailing Address

P O BOX 1766
WINTER HAVEN FL 33882
US



2. Principal Place of Business

618 Eagle Run

Suite, Apt. #, etc.

Lakeland

City & State

Florida

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

33809

Country

USA

Country

4. FEI Number

65-0089457

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GALLOWAY, MILDRED L
4508 AVALON COVE
LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name

Same

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

618 Eagle Run

Lakeland

City

FL

Zip Code

33809

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME GALLOWAY, MILDRED L

STREET ADDRESS 4508 AVALON COVE

CITY-ST-ZIP LAKELAND FL 33801

TITLE ☐ Delete

NAME JONES, LAURA L

STREET ADDRESS 4508 AVALON COVE

CITY-ST-ZIP LAKELAND FL 33801

TITLE ☐ Delete

NAME GOFF, BARBARA A

STREET ADDRESS 4508 AVALON COVE

CITY-ST-ZIP LAKELAND FL 33801

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 618 Eagle Run
STREET ADDRESS Lakeland, FL 33809
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME 618 Eagle Run
STREET ADDRESS Lakeland, FL 33809
CITY-ST-ZIP

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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 exemptions contained in Section 119, 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

2-10-06