

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703949

FILED
Jan 04, 2010
Secretary of State

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

Current Principal Place of Business:

18012 TROPICAL COVE DR.
TAMPA, FL 33647 US

New Principal Place of Business:

Current Mailing Address:

LIFELINE CENTER
P.O. BOX 48604
TAMPA, FL 33646 US

New Mailing Address:

FEI Number: 65-0089457 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GALLOWAY, MILDRED L
18012 TROPICAL COVE DRIVE
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: GALLOWAY, MILDRED L
Address: 618 EAGLE RUN
City-St-Zip: LAKELAND, FL 33809

Title: SD
Name: JONES, LAURA L
Address: 618 EAGLE RUN
City-St-Zip: LAKELAND, FL 33809

Title: TD
Name: GOFF, BARBARA A
Address: 618 EAGLE RUN
City-St-Zip: LAKELAND, FL 33809

Title: PD
Name: GALLOWAY, MILDRED L
Address: 18012 TROPICAL COVE DRIVE
City-St-Zip: TAMPA, FL 33647

Title: SD
Name: JONES, LAURA L
Address: 18012 TROPICAL COVE DRIVE
City-St-Zip: TAMPA, FL 33647

Title: TD
Name: BARBARA, GOFF A
Address: 19012 TROPICAL COVE DRIVE
City-St-Zip: TAMPA, FL 33647

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: MILDRED L GALLOWAY

PD

01/04/2010

Electronic Signature of Signing Officer or Director

_____ Date