2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703949

1. Entity Name

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



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90257 024 ****70.00

Principal Plac	e of Business	Mailing Address								
508 AVALON COVE AKELAND FL 33801 IS		P O BOX 1766 WINTER HAVEN FL 33882								
10	Annual Control of the	US		-			AR IIRIA IANA ARRIA IAN AYAN	E BRANC ALBUM ALBUM ALD	(1 010 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Stat	е	City & State			4. FEI Number 65-0089457 Applied For Not Applicable					
Zip	Country Zip · r			ntry		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Curren	t Registered Agent				7. Name and Add	ress of New Register	ed Agent]
		•		Name						
250 24TH			Street Address			(P.O. Box Number is Not Acceptable)				
WINTER I	HAVEN FL-33880									
				City			-	Zip Cod		
	named entity submits this statement i ions of registered agent.	or the purpose of changing its r	egistered	d office or	register	ed agent, or both, in	the State of Florida. Ta	am familiar with,	and accept	
		•								
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered	Agent signatu	re required	when reinstating)	DA	TE		
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	FILE NOW, FEE IS \$61.25	9. Election Cam Trust Fund Co	. –			\$5.00 May Be Added to Fees		eck Payable partment of S		
10.	OFFICERS AND D	IRECTORS	11.		<i>A</i>	L ADDITIONS/CHANGE	ES TO OFFICERS AND	DIRECTORS IN	1 10	1
ITLE 🦠	PD	☐ Delete	TITLE					Change	☐ Addition	8
IAME	GALLOWAY, MILDRED L		NAME							9
TREET ADDRESS	258-24TH-3 T-SW			STREET ADDRESS		508 AUALON COUR AKRIAND, FL 33801				37
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ITLE	SD	☐ Delete	TITLE	Ì				☐ Change	Addition	18
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TREET ADDRESS	1123 ERMINE AVE			STREET ADDRESS CITY-ST-ZIP						
ITY-ST-ZIP	WINTER SPGS FL 32708			51-ZIP				F# 01		-
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	GOFF, BARBARA A			STREET ADDRESS		AUA &O	fr 33801			
ITY-ST-ZIP	2 50-24TH ST-SW WINTER HAVEN-FL-33880			CITY-ST-ZIP		KelAnd.				
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TREET ADDRESS				ADDRESS						
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TREET ADDRESS ITY-ST-ZIP		مويد	STREET CITY-S	ADDRESS T-ZIP		•	3100 m	<i>;</i>	-	
ITLE		☐ Delete	TITLE			-		☐ Change	Addition	1
AME			NAME			,*	-			
TREET ADDRESS			STREET	ADDRESS			,			
ITY-ST-ZIP			CITY-S	T-ZIP	_		_ •	_		
2 Lhereby c	sertify that the information supplied will	th this filing does not qualify for t	the evem	ntion stat	art in Sar	ction 119 07/3)/i) Flo	rida Statutes I further	certify that the in	formation	

2. I hereby certify that the information supplied with this filling 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:

SIGNATURE NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-63