

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 709734

**FILED**  
**Apr 20, 2004**  
**Secretary of State****Entity Name:** LIFELINE OF CENTRAL FLORIDA, INC.**Current Principal Place of Business:**3660 MAGUIRE BLVD, SUITE 320  
ORLANDO, FL 32803**New Principal Place of Business:****Current Mailing Address:**3660 MAGUIRE BLVD, SUITE 320  
ORLANDO, FL 32803**New Mailing Address:****FEI Number:** 59-1171068**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**PERDUE, WENDY  
1226 SHAGROCK COURT  
ORLANDO, FL 32828**Name and Address of New Registered Agent:**PERDUE, WENDY L MS.  
1226 SHAGROCK COURT  
ORLANDO, FL 32828

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: WENDY L. PERDUE

04/20/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BERTRAM, BURT  
Address: 525 SHERIDAN BLVD  
City-St-Zip: ORLANDO, FL 32804

Title: PD ( ) Delete  
Name: PERDUE, WENDY  
Address: 1226 SHAGROCK COURT  
City-St-Zip: ORLANDO, FL 32828

Title: VD ( ) Delete  
Name: WOLF, HANK  
Address: 636 - 216 LAUREL OAK LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TD ( ) Delete  
Name: CLEMENTS, BILL  
Address: 2600 MAITLAND CENTER PKWY #180  
City-St-Zip: MAITLAND, FL 32751

Title: S (X) Delete  
Name: PUTNAM, KATHY  
Address: 1217 E. AMELIA ST  
City-St-Zip: ORLANDO, FL 32803

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: PUTNAM, KATHY  
Address: 1217 E. AMELIA STREET  
City-St-Zip: ORLANDO, FL 32803

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V/S (X) Change ( ) Addition  
Name: MOE, JEAN  
Address: 8 N. STEWART AVE  
City-St-Zip: KISSIMMEE, FL 34741

Title: TD (X) Change ( ) Addition  
Name: GARDNER, WAYNE  
Address: 5395 LB MCLEOD RD.  
City-St-Zip: ORLANDO, FL 32811

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KATHY PUTNAM

PD

04/20/2004

Electronic Signature of Signing Officer or Director

Date