

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709734

FILED
Apr 07, 2005
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:

PO BOX 149083
ORLANDO, FL 32814

FEI Number: 59-1171068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PERDUE, WENDY L MS.
1226 SHAGROCK COURT
ORLANDO, FL 32828 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 () Delete
Name: PUTNAM, KATHY
Address: 1217 E. AMELIA STREET
City-St-Zip: ORLANDO, FL 32803

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: WENDY L PERDUE

MS

04/07/2005

Electronic Signature of Signing Officer or Director

Date