

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709734

FILED  
Mar 07, 2007  
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:**

PO BOX 149083  
ORLANDO, FL 32814

**New Mailing Address:**

**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: STUTLER, BRENDA  
Address: 420 SOUTH ORANGE AVE  
City-St-Zip: ORLANDO, FL 32801

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

Title: SC (X) Delete  
Name: WOODWORTH, LINDA  
Address: 420 SOUTH ORANGE AVE  
City-St-Zip: ORLANDO, FL 32801

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

Title: TR ( ) Delete  
Name: WALDRON, ERIC  
Address: 401 S. SEMORAN BLVD  
City-St-Zip: WINTER PARK, FL 32792

**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:

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 Chapter 119, 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 PERDUE

PD

03/07/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date