


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90076 017 \*\*\*\*70.00

<b>DOCUMENT # N06000006890</b>	
1. Entity Name <b>C &amp; M LIFELINE, INC.</b>	

Principal Place of Business <b>1324 S. CENTRAL AVE. FLAGLER BEACH, FL 32136</b>	Mailing Address <b>1324 S. CENTRAL AVE. FLAGLER BEACH, FL 32136</b>
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2. Principal Place of Business - No P.O. Box # <b>1324 S. Central Ave</b>	3. Mailing Address <b>N/A</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Flagler Beach FL</b>	City & State
Zip <b>32136</b>	Country <b>USA</b>

03142007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>20-5169450</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent	
<b>ANDERS, MARY E. 1324 S. CENTRAL AVE. FLAGLER BEACH, FL 32136</b>	

7. Name and Address of New Registered Agent	
Name <b>N/A</b>	
Street Address (P.O. Box Number is Not Acceptable)	
City <b>FL</b> Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <b>N/A</b>	DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ANDERS, CHARLES D. <i>President</i> 1324 S. CENTRAL AVE. FLAGLER BEACH, FL 32136</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ANDERS, REBECCA S. 92 RIVERS EDGE LANE PALM COAST, FL 32137</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ANDERS, MARY E. 1324 S. CENTRAL AVE. FLAGLER BEACH, FL 32136</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ANDERS, LORI B. 3039 VAUGHAN DR. CUMMING, GA 30041</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <b>X Charles D Anders / Mary E Anders</b>		Date: <b>03/15/07</b>	Daytime Phone #: <b>(386) 439-7858</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			