2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2011
Secretary of State

DOCUMENT# N10000009878

Entity Name: LIFELINE RELATIONSHIP CENTER INC.

Current Principal Place of Business:

633 SW LAKE CHARLES CIR.
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

633 SW LAKE CHARLES CIR.
PORT ST. LUCIE, FL 34986

New Mailing Address:

FEI Number: 27-3796656 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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
Name: STATKUS, FRANK T
Address: 633 SW LAKE CHARLES CIR.
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VD
Name: STATKUS, PHYLLIS M
Address: 633 SW LAKE CHARLES CIR.
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: SD
Name: LEVEY, CAROLYN
Address: 633 SW LAKE CHARLES CIR.
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: TD
Name: POWELL, IVAN C
Address: 633 SW LAKE CHARLES CIR.
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D
Name: BAKKTES, ESABE
Address: 633 SW LAKE CHARLES CIR.
City-St-Zip: PORT ST. LUCIE, FL 34986

I hereby 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 all other like empowered.

SIGNATURE: FRANK T. STATKUS PD 04/15/2011

Electronic Signature of Signing Officer or Director — Date