


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90006 006 ****61.25

DOCUMENT # N95000000555					
1. Entity Name LIFELINE FAMILY CENTER, INC.					
Principal Place of Business 4518 ORCHID BLVD. CAPE CORAL, FL 33904			Mailing Address 4518 ORCHID BLVD. CAPE CORAL, FL 33904		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0529641	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MILLER, KATHERINE A 4518 ORCHID BLVD CAPE CORAL, FL 33904			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P/D	NAME MILLER, KATHERINE	<input type="checkbox"/> Delete	TITLE Chairman	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS 5145 SANTA ROSA CT.			NAME Jack Stanaland		
CITY-ST-ZIP CAPE CORAL, FL 33904			STREET ADDRESS 4830 Gulfgate Lane		
			CITY-ST-ZIP St. James City, FL 33956		
TITLE D	NAME BEAVERSON, RICHARD	<input type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS 1504 S.W. 54TH TERRACE			NAME Liz Munz		
CITY-ST-ZIP CAPE CORAL, FL 33914			STREET ADDRESS PO Box 835		
			CITY-ST-ZIP Bokeelia FL 33922		
TITLE TD	NAME MASSARO, MARY	<input type="checkbox"/> Delete	TITLE T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS 5206 SW 23RD AVE			NAME Dick Tatro		
CITY-ST-ZIP CAPE CORAL, FL 33914			STREET ADDRESS 3450 Woodland Blvd.		
			CITY-ST-ZIP Fort Myers, FL 33907		
TITLE SD	NAME CATON, VICKI	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS 18251 CATON LANE			NAME Dick Beaverson		
CITY-ST-ZIP N. FT. MYERS, FL 33917			STREET ADDRESS 1504 SW 54 Terr		
			CITY-ST-ZIP Cape Coral, FL 33914		
TITLE D	NAME HORNE, JERRY	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS 14970 CALEB DRIVE			NAME Linda Howard		
CITY-ST-ZIP FT. MYERS, FL 33908			STREET ADDRESS 623 SW 53rd Terr		
			CITY-ST-ZIP Cape Coral, FL 33914		
TITLE VP D	NAME RICE, PHIL	<input type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS 3713 BAY CREEK DR			NAME Arnold Gibbs		
CITY-ST-ZIP BONITA SPRINGS, FL 34134			STREET ADDRESS 5909 Tarpon Garden Circle #201		
			CITY-ST-ZIP Cape Coral, FL 33914		
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: <i>Katherine G. Miller</i>			3/14/06 239-542-4457		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		