


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90095 050 \*\*\*\*61.25

<b>DOCUMENT # N95000000555</b>	
--------------------------------	---

1. Entity Name  
LIFELINE FAMILY CENTER, INC.

Principal Place of Business  
907 SE 5TH AVE  
CAPE CORAL, FL 33990

Mailing Address  
907 SE 5TH AVE  
CAPE CORAL, FL 33990

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
65-0529641

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

MILLER, KATHERINE A  
907 SE 5TH AVE  
CAPE CORAL, FL 33990

## 7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE P/D ☐ Delete  
NAME MILLER, KATHERINE  
STREET ADDRESS 5145 SANTA ROSA CT.  
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE VPD ☐ Delete  
NAME STANALAND, JACK  
STREET ADDRESS 4830 GULFGATE LN  
CITY-ST-ZIP SAINT JAMES CITY, FL 33956

TITLE D ☐ Delete  
NAME MASSARO, MARY  
STREET ADDRESS 5206 SW 23RD AVE  
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE SD ☐ Delete  
NAME CATON, VICKI  
STREET ADDRESS 18251 CATON LANE  
CITY-ST-ZIP N. FT. MYERS, FL 33917

TITLE D ☐ Delete  
NAME HORNE, JERRY  
STREET ADDRESS 14970 CALEB DRIVE  
CITY-ST-ZIP FT. MYERS, FL 33908

TITLE D ☐ Delete  
NAME RICE, PHIL  
STREET ADDRESS 3713 BAY CREEK DR  
CITY-ST-ZIP BONITA SPRINGS, FL 34134

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition  
NAME Stanaland, Jack  
STREET ADDRESS 4830 Gulfgate Ln  
CITY-ST-ZIP Saint James City, FL 33956

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD Chairman of Board ☒ Change ☐ Addition  
NAME Rice, Phil  
STREET ADDRESS 3713 Bay Creek Dr.  
CITY-ST-ZIP Bonita Springs, FL 34134

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:**

*Katherine A. Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/08

239-242-7238

Date

Daytime Phone #