

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000555

FILED
Feb 16, 2010
Secretary of State

Entity Name: LIFELINE FAMILY CENTER, INC.

Current Principal Place of Business:

907 SE 5TH AVE
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

907 SE 5TH AVE
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 65-0529641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, KATHERINE A
907 SE 5TH AVE
CAPE CORAL, FL 33990 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: P/D
Name: MILLER, KATHERINE
Address: 5145 SANTA ROSA CT.
City-St-Zip: CAPE CORAL, FL 33904

Title: C/B
Name: RICE, PHIL
Address: 20569 CYPRESS KNEE COURT
City-St-Zip: ESTERO, FL 33928

Title: V/P
Name: MUNZ, LIZ
Address: P.O. BOX 825
City-St-Zip: BOKEELIA, FL 33922

Title: SD
Name: CATON, VICKI
Address: 18251 CATON LANE
City-St-Zip: N. FT. MYERS, FL 33917

Title: TD
Name: WATERS, GEORGE
Address: 1805 FARM TRAIL
City-St-Zip: SANIBEL, FL 33957

Title: T/D
Name: MASSARO, MARY
Address: 5206 SW 23RD AVENUE
City-St-Zip: CAPE CORAL, FL 33914

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: KATHERINE A MILLER

P/D

02/16/2010

Electronic Signature of Signing Officer or Director

Date