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FILED
Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000014177 (9)

1. Corporation Name

LIFELINE COUNSELING ASSOCIATES, INC.



Principal Place of Business

999 W. VOLUSIA AVENUE.
DELAND FL 32720
US

Mailing Address

999 W. VOLUSIA AVENUE.
DELAND FL 32720-6686
US

3. Date Incorporated or Qualified

12/18/1992

3a. Date of Last Report

04/26/1996

2. Principal Place of Business

21 646-C W. Plymouth Ave

Suite, Apt. #, etc.

22 Suite C

City & State

23 DeLand, FL

Zip

24 32720

Country

25 USA

2a. Mailing Address

26 646-C W. Plymouth Ave.

Suite, Apt. #, etc.

27 Suite C

City & State

28 DeLand, FL

Zip

29 32720

Country

30 USA

4. FEI Number

59-3162396

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

IRRGANG, GLORIA K
999 W VOLUSIA AVENUE
DELAND FL 32720

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
646-C W. Plymouth Ave.

83 Suite C

84 City
DeLand

FL

85 Zip Code
32720

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D IRRGANG, GLORIA K
STREET ADDRESS
2020 WATSEEDGE DRIVE
CITY-ST-ZIP
DELTONA FL 32738

TITLE ☐ DELETE

NAME
D DOCKERY, THOMAS G
STREET ADDRESS
2940 GRAYTON STREET
CITY-ST-ZIP
DELTONA FL 32738

TITLE ☐ DELETE

NAME
D WEINSTEIN, JOAN
STREET ADDRESS
155 VALENCIA ROAD
CITY-ST-ZIP
DEBARY FL 32713

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joan Weinstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joan Weinstein, V.P.

4/17/97

Date

(904) 736-5703

Daytime Phone #

CR2E034 (9/96)