FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **762832** **(4)**

1. Corporation Name

HELPLINE, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3314 NORTHSIDE DR #18A P.O.BOX 2186 KEY WEST FL 33045-9186	3314 NORTHSIDE DR #18A P.O.BOX 2186 KEY WEST FL 33045-9186

3. Date Incorporated or Qualified: **04/12/1982**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2176319** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required

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

9. Name and Address of Current Registered Agent

PINE, EMILY
1600 BAHAMA DR
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	PD ☒ Change ☐ Addition
NAME	SCHWESSINGER, BILL	12 NAME	
STREET ADDRESS	81 BAY DR	13 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☒ Addition
NAME	CATES, HELEN	22 NAME	SD BETH BARNES
STREET ADDRESS	3930 S ROOSEVELT BLVD	23 STREET ADDRESS	701 SOUTHARD ST., COTTAGE
CITY-ST-ZIP	KEY WEST FL	24 CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	PD	31 TITLE	VD ☒ Change ☐ Addition
NAME	CHANDLER, TED	32 NAME	
STREET ADDRESS	806 PEARL ST	33 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	HEYMANN, VICTOR	42 NAME	
STREET ADDRESS	1415 VON PHISTER ST	43 STREET ADDRESS	
CITY ST ZIP	KEY WEST FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MCCOY, MERILI	52 NAME	
STREET ADDRESS	88 HILTON HAVEN DR	53 STREET ADDRESS	
CITY ST ZIP	KEY WEST FL	54 CITY ST ZIP	
TITLE	SD	61 TITLE	D ☒ Change ☐ Addition
NAME	GALBRAITH, MARTHA	62 NAME	
STREET ADDRESS	806 EATON ST	63 STREET ADDRESS	
CITY ST ZIP	KEY WEST FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is absolutely truthful and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ VICTOR HEYMANN 04/26/95 305-292-8445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00018443