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 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18094 (5)

1. Corporation Name

CENTRAL FLORIDA HELPLINE, INC.

Principal Place of Business	Mailing Address
601 N ORLANDO AVE P.O. BOX 69 WINTER PARK FL 32790-0069	601 N ORLANDO AVE P.O. BOX 69 WINTER PARK FL 32790-0069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/05/1986
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-2758527 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
21 601 N. ORLANDO AVE	26 P.O. Box 941524	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
23 City & State: MAITLAND, FL	28 City & State: MAITLAND, FL	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
24 Zip: 32751 25 County:	29 Zip: 32794-1524 30 County:	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TRICKEL, WILLIAM 39 WEST PINE STREET ORLANDO FL 32801	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 new/altered)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	BAIRD, ROBERT	12 NAME	
STREET ADDRESS	P.O. BOX 142575 N/A	13 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	DEVINE, PATRICIA	22 NAME	
STREET ADDRESS	25 INTERLAKEN ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	WARI, ANNA	32 NAME	
STREET ADDRESS	2401 PIEDMONT LAKES BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	34 CITY-ST-ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	RITZ, PATRICIA	42 NAME	
STREET ADDRESS	2825 ABBEY RD	43 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	WALTON, JAMES	52 NAME	
STREET ADDRESS	103 ELIZABETH AVE	53 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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: Patricia Devine PATRICIA DEVINE 4/5/95 (407) 740-7408
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

Treasurer

0032860