FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N18094 (5)

1. Corporation Name

CENTRAL FLORIDA HELPLINE, INC.

Principal Place of Business	Mailing Address
601 N ORLANDO AVE MAITLAND FL 32751 US	P O BOX 941524 MAITLAND FL 32794-1524 US

3. Date Incorporated or Qualified: 12/05/1986
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: 59-2758527 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22 / 27

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

City & State — 23 / 28

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

Zip — 24 / Country — 25 / Zip — 29 / Country — 30

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

9. Name and Address of Current Registered Agent

TRICKEL, WILLIAM
39 WEST PINE STREET
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: JOHNSON, DANIEL C.
82 Street Address (P.O. Box Number is Not Acceptable): 255 S ORANGE Ave
83: Suite 1605
84 City: ORLANDO FL 85 Zip Code: 32801

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] DANIEL C. JOHNSON 5/16/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	51 TITLE	800001870518 -06/21/96--01008--009 ***61.25	☐ 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		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

6-20-96

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)(k), 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 4/19/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

TREASURER (407) 740-7408
Title — Daytime Phone #

CR2E037 (12/95)