

**2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# 762832

Entity Name: HELPLINE, INCORPORATED

Current Principal Place of Business:

1623 SPALDING CT
SUITE 4
KEY WEST, FL 33040

Current Mailing Address:

HELPLINE, INC.
POST OFFICE BOX 2186
KEY WEST, FL 33045 US

FEI Number: 59-2176319

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERNANDEZ, LOU
1505 LAIRD STREET
KEY WEST, FL 33040 US

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

Officer/Director Detail :

Title TREASURER
Name MELENDY, KATHRYN A
Address 106 FRONT STREET.
City-State-Zip: KEY WEST FL 33040

Title D
Name CARLISLE, FRAN
Address 1513 5TH STREET
City-State-Zip: KEY WEST FL 33040

Title P
Name HOOVER, MARY LOU
Address 1227 2ND ST
City-State-Zip: KEY WEST FL 33040

Title S, SECRETARY
Name LAUREN, OROPEZA
Address 3705 PEARLMAN CT
City-State-Zip: KEY WEST FL 33040

Title D
Name WILKERSON, KIM
Address 1405 OLIVIA STREET
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR
Name HOLBROOK, JAMES PHD
Address 3706 NORTH ROOSEVELT BLVD
B
City-State-Zip: KEY WEST FL 33040

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: MARY LOU HOOVER

PRESIDENT

06/10/2013

Electronic Signature of Signing Officer/Director Detail

Date