# 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:37

DOCUMENT # **737954** **(8)**

1. Corporation Name
**CRISIS LINE OF MARTIN COUNTY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 800 EAST 7TH STREET<br>P. O. BOX 2568<br>STUART FL 34995 | 800 EAST 7TH STREET<br>P. O. BOX 2568<br>STUART FL 34995 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/31/1977
3a. Date of Last Report: 05/01/1994
4. FEI Number: 54-2772830 ☐ Applied For ☐ Not Applicable

| | |
|---|---|
| 21 2. Principal Place of Business | 28 2a. Mailing Address: P.O. Box 2568 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 26 City & State: Stuart, FL 34995 |
| 24 Zip / 25 Country | 29 Zip / 30 Country |

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 XX — **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes XX No

**9. Name and Address of Current Registered Agent**

COSENTINO, JAMES
1357 N. E. OCEAN BLVD.
STUART FL 34996

**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 | D | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | HARPER, JOANN | 12 NAME | | |
| STREET ADDRESS | 669 NE PLANTATION ROAD | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | STUART FL | 14 CITY-ST-ZIP | | |
| TITLE | D | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | FALKNER, MARLYS | 22 NAME | | |
| STREET ADDRESS | 1202 E MADISON AVE | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | STUART FL | 24 CITY-ST-ZIP | | |
| TITLE | PD | 31 TITLE | TD | ☒ Change ☐ Addition |
| NAME | PHELPS, EDIE | 32 NAME | King, Maryann | |
| STREET ADDRESS | 5407 S.E. 51ST DRIVE | 33 STREET ADDRESS | 4503 NE Skyline Drive | |
| CITY-ST-ZIP | STUART FL | 34 CITY-ST-ZIP | Jensen Beach, FL 34957 | |
| TITLE | T | 41 TITLE | P | ☒ Change ☐ Addition |
| NAME | COSENTINO, JAMES | 42 NAME | Cosentino, James | |
| STREET ADDRESS | 1357 N.E. OCEAN BLVD. | 43 STREET ADDRESS | 1357 NE Ocean Blvd. | |
| CITY-ST-ZIP | STUART FL | 44 CITY-ST-ZIP | Stuart, FL 34996 | |
| TITLE | D | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | MINER, LUELLA | 52 NAME | | |
| STREET ADDRESS | 4135 SUNSET DRIVE | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | JENSEN BEACH FL | 54 CITY-ST-ZIP | | |
| TITLE | SD | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | ERDMAN, BARBARA | 62 NAME | | |
| STREET ADDRESS | 2262 NE 21ST AVE | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | JENSEN BCH FL | 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)(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:** James Cosentino 4/10/95 1-407-287-0529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070403