

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 737954 (8)

1. Corporation Name

CRISIS LINE OF MARTIN COUNTY, INC.

Principal Place of Business

800 EAST 7TH STREET
P. O. BOX 2568
STUART FL 34996

Mailing Address

PO BOX 2568
STUART FL 34996
US



3. Date Incorporated or Qualified
01/31/1977

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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

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

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

81 Name

Cosentino, James

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

2277 SW Olympic Club Terrace

83

Palm City, FL 34990

84 City

FL

85 Zip Code

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	HARPER, JOANN	669 NE PLANTATION ROAD	STUART FL	<input checked="" type="checkbox"/>
D	FALKNER, MARLYS	1202 E MADISON AVE	STUART FL	<input type="checkbox"/>
TD	KING, MARY ANN	4503 NE SKYLINE DR	JENSEN BEACH FL	<input checked="" type="checkbox"/>
P	COSENTINO, JAMES	1357 N.E. OCEAN BLVD.	STUART FL	<input type="checkbox"/>
D	MINER, LUELLA	4135 SUNSET DRIVE	JENSEN BEACH FL	<input type="checkbox"/>
SD	ERDMAN, BARBARA	2262 NE 21ST AVE	JENSEN BCH FL	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
S	Hubbard, Elizabeth	10964 SE Sea Pines Circle	Hobe Sound, FL 33455																				
D	Coy, Joanne	85 SE Beechtree Lane	Stuart, FL 34994																				
P	Cosentino, James	2277 SW Olympic Club Terrace	Palm City, FL 34990																				

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96

407 288 1126

Date

Daytime Phone #

CR2E037 (12/95)