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Apr 10 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 737954 (8)

1. Corporation Name

CRISIS LINE INFORMATION AND REFERRAL, INC.



Principal Place of Business

800 EAST 7TH STREET  
P. O. BOX 2568  
STUART FL 34995

Mailing Address

PO BOX 2568  
STUART FL 34995-2568  
US

3. Date Incorporated or Qualified  
01/31/1977

3a. Date of Last Report  
03/19/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number  
54-2772830

Applied For  
Not Applicable

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  
2277 SW OLYMPIC CLUB TERRACE  
PALM CITY FL 34990

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

Port St. Lucie FL 34952

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 Barbara Erdman

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

4/9/97

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	HUBBARD, ELIZABETH	
STREET ADDRESS	10984 SE SEA PINES CIRCLE	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FALKNER, MARLYS	
STREET ADDRESS	1202 E MADISON AVE	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COY, JOANNE	
STREET ADDRESS	85 SE BEECHTREE LANE	
CITY-ST-ZIP	STUART FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	COSENTINO, JAMES	
STREET ADDRESS	2277 SW OLYMPIC CLUB TERRACE	
CITY-ST-ZIP	PALM CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MINER, LUELLA	
STREET ADDRESS	4135 SUNSET DRIVE	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ERDMAN, BARBARA	
STREET ADDRESS	2282 NE 21ST AVE	
CITY-ST-ZIP	JENSEN BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D Falkner, Maryls
2.3 STREET ADDRESS	4505 SE Basswood Terrace
2.4 CITY-ST-ZIP	Stuart, FL 34997
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D Zarro, Joanne
3.3 STREET ADDRESS	729 South Federal Highway
3.4 CITY-ST-ZIP	Stuart, FL 34994
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	T Frank, W. Britt
4.3 STREET ADDRESS	759 South Federal Highway #321
4.4 CITY-ST-ZIP	Stuart, FL 34994
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	P Erdman, Barbara
6.3 STREET ADDRESS	1984 SE Bowie Street
6.4 CITY-ST-ZIP	Port St. Lucie 34952

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.

CR2E037 (9/96)