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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US	3. Date Incorporated or Qualified 01/31/1977
		4. FEI Number 54-2772830
		Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 830 SE MARTIN LUTHER Suite, Apt. #, etc. KING BLVD. 22 P.O. BOX 2568 City & State 23 STUART, FL Zip 24 34995	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent ERDMAN, BARBARA 1984 SW BOWIE ST PORT ST LUCIE FL 34952	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
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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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S HUBBARD, ELIZABETH	1.2 NAME	
STREET ADDRESS	10984 SE SEA PINES CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D FALKNER, MARLYS	2.2 NAME	PURO, RAYMOND
STREET ADDRESS	4505 SE BASSWOOD TERR	2.3 STREET ADDRESS	2322 SE ST. LUCIE BLVD.
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	STUART, FL 34996
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ZARRO, JOANNE	3.2 NAME	
STREET ADDRESS	729 S FEDERAL HWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T FRANK, W. BRITT	4.2 NAME	
STREET ADDRESS	750 S FEDERAL HWY., #321	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	MD (EXECUTIVE DIRECTOR/CEO) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D MINER, LUELLA	5.2 NAME	SUDORE, GAIL M.
STREET ADDRESS	4135 SUNSET DRIVE	5.3 STREET ADDRESS	1129 ALAMANDA LANE
CITY-ST-ZIP	JENSEN BEACH FL	5.4 CITY-ST-ZIP	STUART, FL 34996
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P ERDMAN, BARBARA	6.2 NAME	
STREET ADDRESS	1984 SW BOWIE ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	6.4 CITY-ST-ZIP	

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

CR2E037 (10/97)

**CRISIS LINE INFORMATION AND REFERRAL, INC.
BOARD OF DIRECTORS LIST**

Barbara Erdman, President
Hilton Grands Vacations. Company
1984 SE Bowie Street
Port St. Lucie, FL 34952
561-337-5214 (H)
561-225-0074 (W)
561-225-6318 (fax)

Britt Frank, Treasurer
Berger, Toombs, Elam and Frank
Royal Palms Financial Center
#321, Bld 3
759 South Federal Highway
Stuart, FL 34994
561-337-5362 (H)
561-219-0220 (W)
561-219-0260 (fax)

Elizabeth D. Hubbard, Secretary
Area Agency on Aging of Palm Beach/
Treasure Coast, Inc.
10964 SE Sea Pines Circle
Hobe Sound, FL 33455
561-546-0940 (H)
561-694-7601 (W)
561-694-6947 (fax)

(Mrs.) Lou Breford
4139 SW Oakhaven Lane
Palm City, FL 34990
561-223-2161 (H)

~~Carolyn Davi~~
~~P.O. Box 607~~
~~Palm City, FL 34991~~
~~561-287-6181 (H)~~

Cynthia Grooms Marvin, Attorney-At-Law
47 East Ocean Blvd.
Stuart, FL 34996
561-781-1873 (W)

Beverly J. Minor
1644 NE Arch Avenue
Jensen Beach, FL 34957
561-334-1540 (H)
561-465-0504 (W)

Rachel Paquette
2560 Tiger Avenue
Port St. Lucie, FL 34952
561-337-2121 (H)
561-337-0630 (parents)

Raymond Puro
Promotional Products
2322 SE St. Lucie Blvd.
Stuart, FL 34996
561-220-8071 (W)

Jeanette Sands
Dept. of HRS
82 S River Road
Stuart, FL 34996
561-283-5240 (H)
561-223-2584 (W)

Joanne Zarro
Sterling Mortgage Services
729 South Federal Highway
Stuart, FL 34994
561-286-0735 (H)
561-288-5251 (W)
561-286-6861 (fax)

Attorney:
Thomas Weiksnar
3106 SW Sunset Trace Circle
Palm City, FL 34990
561-286-8152 (H)
561-287-6122 (W)