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 MAY 26 PM 8:22

DOCUMENT # **746224** **(5)**

1. Corporation Name
TAMPA HELPLINE, INC.

Principal Place of Business	Mailing Address
611 S WILLOW P.O. BOX 10117 TAMPA FL 33679-7117	611 S WILLOW P.O. BOX 10117 TAMPA FL 33679-7117

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/13/1979
3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-1872854 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

HUNT, WILLIAM H.
4508 S. FERNCROFT CIR.
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name: FRANK CIMINO JR
82 Street Address (P.O. Box Number is Not Acceptable): 10543 CHADBOURNE DR
83: TAMPA FL 33624
84 City: TAMPA **FL** 85 Zip Code: 33624

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: [signature] 4/25/95
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	PD	11 TITLE		☐ Change ☐ Addition
NAME	HUNT, WILLIAM H.	12 NAME		
STREET ADDRESS	4508 S. FERNCROFT CIR.	13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	BROWN, JOE JR. REV.	22 NAME		
STREET ADDRESS	312 E. 127TH AVENUE	23 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33612	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	WHIDDEN, EDRA	32 NAME		
STREET ADDRESS	925 W PATTERSON	33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	WILSON, BYRON GIBBS	42 NAME		
STREET ADDRESS	1704 S MACDILL AVE	43 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP		
TITLE	PD	51 TITLE	EXECUTIVE DIRECTOR	☐ Change ☒ Addition
NAME	FRANK CIMINO JR	52 NAME	FRANK CIMINO JR	
STREET ADDRESS	10543 CHADBOURNE DR	53 STREET ADDRESS	10543 CHADBOURNE DR	
CITY-ST-ZIP	TAMPA FL 33624	54 CITY-ST-ZIP	TAMPA FL 33624	
TITLE		61 TITLE	D	☐ Change ☒ Addition
NAME		62 NAME	BRIAN MCCARTHY	
STREET ADDRESS		63 STREET ADDRESS	14610 BRANTWOOD LANE	
CITY-ST-ZIP		64 CITY-ST-ZIP	TAMPA, FL 33618	

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, added or deleted.

SIGNATURE: [signature] 4/25/95 813-244-6076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0088070