

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

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P.O. BOX 10117
TAMPA FL 33679-7117

3. Date Incorporated or Qualified
03/13/1979

3a. Date of Last Report
05/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 142 B Whitaker Rd.

27 P.O. Box 9565

23 City & State

28 City & State

Lutz, Fla.

Tampa Fla.

24 Zip

Country

29 Zip

Country

33549

25

33674-9565

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CIMINO, FRANK JR
10543 CHADBOURNE DR
TAMPA FL 33624

81 Name

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

18523 Crooked Lane

83 Lutz,

33549

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 installing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ED ☐ DELETE

NAME CIMINO, FRANK SR
STREET ADDRESS 10543 CHADBOURNE DR
CITY-ST-ZIP TAMPA FL

1.1 TITLE ☒ Change ☐ Addition

TITLE VD ☒ DELETE

NAME BROWN, JOE JR. REV.
STREET ADDRESS 312 E. 127TH AVENUE
CITY-ST-ZIP TAMPA FL 33612

1.2 NAME 18523 Crooked Lane

1.3 STREET ADDRESS Lutz, Fla. 33549

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME WHIDDEN, EDRA
STREET ADDRESS 925 W PATTERSON
CITY-ST-ZIP TAMPA FL

2.1 TITLE ☐ Change ☐ Addition

TITLE SD ☒ DELETE

NAME WILSON, BYRON GIBBS
STREET ADDRESS 1704 S MACDILL AVE
CITY-ST-ZIP TAMPA FL

2.2 NAME ☐ Change ☐ Addition

TITLE D ☒ DELETE

NAME MCCARTNEY, BRIAN
STREET ADDRESS 14610 BRENTWOOD LANE
CITY-ST-ZIP TAMPA FL

2.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME Bamberry, David Rev.
STREET ADDRESS
CITY-ST-ZIP

2.4 CITY-ST-ZIP ☐ Change ☒ Addition

611 TITLE VD

612 NAME Bamberry, David Rev.

613 STREET ADDRESS 16129 Ravendale Dr.

614 CITY-ST-ZIP Tampa, Fla. 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, 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:

FRANK CIMINO, JR EXECUTIVE DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/14/96 812-9401822- Daytime Phone #

CR2E037 (12/95)