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Feb 06 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 # **746224** (5)

1. Corporation Name

TAMPA HELPLINE, INC.

Principal Place of Business

**142-B WHITAKER RD.
LUTZ FL 33549**

Mailing Address

**PO BOX 9565
TAMPA FL 33674-9565**



3. Date Incorporated or Qualified

03/13/1979

4. FEI Number

59-1872854

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1316 B Whitaker Rd

26 Suite, Apt. #, etc.

22 B

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Lutz, Fla.

29 City & State

25 Zip

Country

29 Zip

Country

24 33549

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**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CIMINO, FRANK JR
18523 CROOKED LN.
LUTZ FL 33449**

81 Name

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

83

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

1/30/98

12. OFFICERS AND DIRECTORS

TITLE ED ☐ DELETE
NAME CIMINO, FRANK SR
STREET ADDRESS 18523 CROOKED LN.
CITY-ST-ZIP LUTZ FL 33549

TITLE VD ☐ DELETE
NAME BAMBERRY, DAVID REV.
STREET ADDRESS 16129 RAVENDALE DR.
CITY-ST-ZIP TAMPA FL 33618

TITLE TD ☐ DELETE
NAME WHIDDEN, EDRA
STREET ADDRESS 925 W PATTERSON
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: **1/30/98** **FRANK CIMINO** **1/30/98**

CR2E037 (10/97)