

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90029 027 ****61.25

DOCUMENT # 746224

1. Entity Name

TAMPA HELPLINE, INC.



Principal Place of Business

4508 FERNCROFT CIR
TAMPA FL 33629
US

Mailing Address

P.O. BOX 10855
TAMPA FL 33679

2. Principal Place of Business

5001 Cedar Glen Ct.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Valrico, FL

City & State

4. FEI Number

59-1872854

Applied For

Not Applicable

Zip

33594

Country

Hillsborough

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUNT, WILLIAM
4508 FERNCROFT CIR
TAMPA FL 33629

7. Name and Address of New Registered Agent

Name

HUNT, William

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

5001 Cedar Glen Ct.

City

Valrico

FL

Zip Code

33594

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

William Hunt

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-2-04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DST	<input type="checkbox"/> Delete
NAME	WHIDDEN, EDRA	
STREET ADDRESS	925 W PATTERSON	
CITY - ST - ZIP	TAMPA FL	
TITLE	CED	<input type="checkbox"/> Delete
NAME	HUNT, WILLIAM	
STREET ADDRESS	4508 FERNCROFT CIR	
CITY - ST - ZIP	TAMPA FL 33629	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, GIBB	
STREET ADDRESS	1704 MACDILL AVE S	
CITY - ST - ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, LAURA	
STREET ADDRESS	113 S GLEN AVE	
CITY - ST - ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William Hunt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-2-04 (813) 681-2264