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FILED

**May 11 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 762832 (4)

1. Corporation Name
HELPLINE, INCORPORATED



Principal Place of Business: **1904 FLAGLER AVE KEY WEST FL 33040**

Mailing Address: **HELPLINE, INC. POST OFFICE BOX 2106 KEY WEST FL 33045 US**

3. Date Incorporated or Qualified: **04/12/1982**

4. FEI Number: **59-2176319**

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

2. Principal Place of Business

21 **812 Southard St.**

22 **Unit 1**

23 **KEY WEST, FL**

24 **33040**

25 **USA**

2a. Mailing Address

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9. Name and Address of Current Registered Agent

**HERNANDEZ, LOU
1505 LAIRD STREET
KEY WEST FL 33040**

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWESSINGER, BILL	1.2 NAME	SLATON, TEGAN
STREET ADDRESS	81 BAY DR	1.3 STREET ADDRESS	515 Whitehead St.
CITY-ST-ZIP	KEY WEST FL	1.4 CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOTCHKISS, WESS	2.2 NAME	
STREET ADDRESS	1901 SO ROOSEVELT STE 408N	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRAY, PETER	3.2 NAME	ESQUINALDO, PAUL JR.
STREET ADDRESS	6054A UNITED ST	3.3 STREET ADDRESS	1329 Second St.
CITY-ST-ZIP	KEY WEST FL 33040	3.4 CITY-ST-ZIP	KEY WEST
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEYMAN, VICTOR	4.2 NAME	BRANSON, Vicki
STREET ADDRESS	1415 VON PHISTER ST	4.3 STREET ADDRESS	1209 TRUMAN AVE., #5
CITY-ST-ZIP	KEY WEST FL	4.4 CITY-ST-ZIP	KEYWEST, FL 33040
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCOY, MERLU	5.2 NAME	RYSMAN, LINDA
STREET ADDRESS	88 HILTON HAVEN DR	5.3 STREET ADDRESS	62 FRONT ST.
CITY-ST-ZIP	KEY WEST FL	5.4 CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALBRAITH, MARTHA	6.2 NAME	
STREET ADDRESS	2217 HARRIS AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	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: Lou Hernandez 4-27-98 (305) 292-8445

CP2E037 (1097)