

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762832

FILED  
Jul 26, 2005  
Secretary of State

Entity Name: HELPLINE, INCORPORATED

**Current Principal Place of Business:**

1623 SPALDING CT  
SUITE 1  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

HELPLINE, INC.  
POST OFFICE BOX 2186  
KEY WEST, FL 33045 US

**New Mailing Address:**

FEI Number: 59-2176319      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MEITZ, DEBORA  
Address: 3710 N. ROOSEVELT BLVD  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: FOX-LOEB, FLORENCE  
Address: 2601 SOTH ROOSEVELT # 602-B  
City-St-Zip: KEY WEST, FL 33040

Title: T ( ) Delete  
Name: ESQUINALDO, PAUL J  
Address: 1329 2ND ST  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: THURMAN, KAREN  
Address: 3990 S ROOSEVELT BLVD.  
City-St-Zip: KEY WEST, FL 33040

Title: S ( ) Delete  
Name: TRAYLOR, DERRICK  
Address: 1116 GRINNELL STREET  
City-St-Zip: KEY WEST, FL 33040

Title: P ( ) Delete  
Name: VICKI, GRANT  
Address: 28 KEY HAVEN RD.  
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: COLEEN, FITZSIMMONS  
Address: 1124 STUMP LANE  
City-St-Zip: KEY WEST, FL 33040

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICKI GRANT

PRES

07/26/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date