

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762832

FILED
Feb 23, 2009
Secretary of State

Entity Name: HELPLINE, INCORPORATED

Current Principal Place of Business:

1623 SPALDING CT
SUITE 4
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 ()

Name and Address of Current Registered Agent:

STUDDARD, KEITH
1800 ATLANTIC BLVD.
C325
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: T () Delete
Name: ESQUINALDO, PAUL
Address: 1329 SECOND ST.
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: STEVE, RAGUSEA
Address: 17194 CORAL DR.
City-St-Zip: SUGARLOAF KEY, FL 33042

Title: S () Delete
Name: FITZSIMMONS, COLEEN J
Address: 1218 PETRONIA ST.
City-St-Zip: KEY WEST, FL 33040

Title: P () Delete
Name: TORBISCO, LOURDES
Address: 173 GOLF CLUB DR.
City-St-Zip: KEY WEST, FL 33040

Title: V () Delete
Name: ENTWISTLE, MARK
Address: 3930 S. ROOSEVELT, #111S
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: JEDDE, REGANTE
Address: 1612 UNITED ST.
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

Title: D (X) Change () Addition
Name: COVAN, FRED
Address: 1901 FOGARTY AVE.
City-St-Zip: KEY WEST, FL 33040

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: KEITH STUDDARD

D

02/23/2009

Electronic Signature of Signing Officer or Director

Date