

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762832

FILED  
Feb 17, 2010  
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  
Name: ESQUINALDO, PAUL  
Address: 1329 SECOND ST.  
City-St-Zip: KEY WEST, FL 33040

Title: D  
Name: CONKRIGHT, MAGGIE  
Address: 2954 CENTRAL AVE.  
City-St-Zip: BIG PINE KEY, FL 33043

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: PAUL ESQUINALDO

T

02/17/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date