2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # N01000003216

1. Entity Name
LISTENING BETWEEN THE LINES, INC.

Principal Place of Business	Mailing Address
1001 E CRAWFORD ST TAMPA, FL 33604-5017	1001 E CRAWFORD ST TAMPA, FL 33604-5017

DO NOT WRITE IN THIS SPACE

03052008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-1123070
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LIPKE, ALAN
1001 E CRAWFORD ST
TAMPA, FL 33604-5017

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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 Alan Lipke Alan Lipke president 4/2/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000901245
04/29/08-80061-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LIPKE, ALAN
STREET ADDRESS	1001 E CRAWFORD ST
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	SD
NAME	LIPKE, YVONNE
STREET ADDRESS	1001 E CRAWFORD ST
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	D
NAME	NEUMANN, PROFESSOR MARK
STREET ADDRESS	P.O. BOX 5619
CITY-ST-ZIP	FLAGSTAFF, AZ 86011
TITLE	D
NAME	KAPLAN, H. R
STREET ADDRESS	4626 BAY CREST DRIVE
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	D
NAME	SHELBY, PATRICK
STREET ADDRESS	6602 N 9TH STREET
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	COBD
NAME	CUMMINGS-JAMES, NAVITA PROFESS
STREET ADDRESS	15810 SPRINGCREST CIRCLE
CITY-ST-ZIP	TAMPA, FL 33624

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12. *I hereby certify* that the information supplied with this filing *does not qualify for the exemptions contained 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 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: Alan Lipke 4/2/08 813-236-7787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #