

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003216

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: LISTENING BETWEEN THE LINES, INC.

**Current Principal Place of Business:**

1001 E CRAWFORD ST  
TAMPA, FL 336045017

**New Principal Place of Business:**

**Current Mailing Address:**

1001 E CRAWFORD ST  
TAMPA, FL 336045017

**New Mailing Address:**

FEI Number: 65-1123070      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LIPKE, ALAN  
1001 E CRAWFORD ST  
TAMPA, FL 336045017 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: PD ( ) Delete  
Name: LIPKE, ALAN  
Address: 1001 E CRAWFORD ST  
City-St-Zip: TAMPA, FL 33604

Title: SD ( ) Delete  
Name: LIPKE, YVONNE  
Address: 1001 E CRAWFORD ST  
City-St-Zip: TAMPA, FL 33604

Title: D ( ) Delete  
Name: NEUMANN, PROFESSOR MARK  
Address: P.O. BOX 5619  
City-St-Zip: FLAGSTAFF, AZ 86011 56

Title: D ( ) Delete  
Name: KAPLAN, H. R  
Address: 4626 BAY CREST DRIVE  
City-St-Zip: TAMPA, FL 33615

Title: D ( ) Delete  
Name: SHELBY, PATRICK  
Address: 6602 N 9TH STREET  
City-St-Zip: TAMPA, FL 33604

Title: COBD ( ) Delete  
Name: CUMMINGS-JAMES, NAVITA PROFESS  
Address: 15810 SPRINGCREST CIRCLE  
City-St-Zip: TAMPA, FL 33624

**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: SHELBY, PATRICK  
Address: 6745 ELM COURT  
City-St-Zip: TAMPA, FL 33610

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: ALAN LIPKE

PD

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date