

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002154

FILED
Mar 05, 2007
Secretary of State

Entity Name: THE CONNECTION HELPLINE, INC.

Current Principal Place of Business:

209 SHOREWOOD DRIVE
TAVARES, FL 327782080

New Principal Place of Business:

Current Mailing Address:

209 SHOREWOOD DRIVE
TAVARES, FL 327782080

New Mailing Address:

FEI Number: 20-4703730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POKORNEY, DAWN R
209 SHOREWOOD DRIVE
TAVARES, FL 327782080 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: P () Delete
Name: POKORNEY, DAWN
Address: 209 SHOREWOOD DRIVE
City-St-Zip: TAVARES, FL 327782080

Title: V () Delete
Name: POLANKO, SUSAN
Address: 209 SHOREWOOD DRIVE
City-St-Zip: TAVARES, FL 327782080

Title: S () Delete
Name: IVORY, NATHALIE
Address: 209 SHOREWOOD DRIVE
City-St-Zip: TAVARES, FL 327782080

Title: T () Delete
Name: POKORNEY, KEVIN
Address: 209 SHOREWOOD DRIVE
City-St-Zip: TAVARES, FL 327782080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: POKORNEY, DAWN
Address: 209 SHOREWOOD DRIVE
City-St-Zip: TAVARES, FL 327782080

Title: V (X) Change () Addition
Name: POLANKO, SUSAN
Address: 884 VANDERBILT DRIVE
City-St-Zip: EUSTIS, FL 327265250

Title: S (X) Change () Addition
Name: REAVES, RAY
Address: 46 BROOK CIRCLE
City-St-Zip: LEESBURG, FL 347497068

Title: T/D (X) Change () Addition
Name: POKORNEY, KEVIN
Address: 209 SHOREWOOD DRIVE
City-St-Zip: TAVARES, FL 327782080

I hereby certify that the information supplied with this filing does not qualify for the 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: KEVIN POKORNEY

T/D

03/05/2007

Electronic Signature of Signing Officer or Director

Date