2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N06000002154

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/D	( ) Delete
Name:	POKORNEY, DAWN	
Address:	209 SHOREWOOD DRIVE	
City-St-Zip:	TAVARES, FL 327782080	
Title:	V	( ) Delete
Name:	POLANKO, SUSAN	
Address:	884 VANDERBILT DRIVE	
City-St-Zip:	EUSTIS, FL 327265250	
Title:	S	( ) Delete
Name:	REAVES, RAY	
Address:	46 BROOK CIRCLE	
City-St-Zip:	LEESBURG, FL 347497068	
Title:	T/D	( ) Delete
Name:	POKORNEY, KEVIN	
Address:	209 SHOREWOOD DRIVE	
City-St-Zip:	TAVARES, FL 327782080	

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:	

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: KEVIN R. POKORNEY T/D 04/07/2009

Electronic Signature of Signing Officer or Director — Date