

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90453 007 ****61.25

DOCUMENT # N18094

1. Entity Name
CENTRAL FLORIDA HELPLINE, INC.



Principal Place of Business
601 N ORLANDO AVE
MAITLAND, FL 32751 US

Mailing Address
P O BOX 941524
MAITLAND, FL 32794-1524 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03262004

Chg-NP

CR2E037 (10/03)

4. FEI Number

59-2758527

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, DANIEL C
255 S. ORANGE AVE.
STE 1600
ORLANDO, FL 32801

Name **HERBERT A. LANGSTON, JR.**

Street Address (P.O. Box Number is Not Acceptable)
111 S. MAITLAND AVENUE

City **Maitland**

FL

Zip Code
32751

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

Herbert A. Langston Jr

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **VENTURA, MARC**
STREET ADDRESS **2525 ELIZABETH AVE**
CITY-ST-ZIP **ORLANDO, FL 32804**

TITLE **PD** ☐ Delete
NAME **EVERT, JOSEPH**
STREET ADDRESS **425 WARREN AVE**
CITY-ST-ZIP **LONGWOOD, FL 32750**

TITLE **VD** ☒ Delete
NAME **WHITE, RALPH**
STREET ADDRESS **200 MAITLAND AVE #146**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

TITLE **ST** ☐ Delete
NAME **JASANIS, JANET**
STREET ADDRESS **1142 N FORAL WAY**
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **W/D** ☐ Change ☒ Addition
NAME **WAID HOBBS**
STREET ADDRESS **408 E 7TH ST**
CITY-ST-ZIP **APOPKA, FL 32703**

TITLE **D** ☐ Change ☒ Addition
NAME **ELEN SCHMICK**
STREET ADDRESS **322 BONNIE TR**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Janet E. Jasanis **JANET E. JASANIS**

Date

Daytime Phone #

4/21/04 407-740-7408