

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18094

FILED
Apr 19, 2005
Secretary of State

Entity Name: CENTRAL FLORIDA HELPLINE, INC.

Current Principal Place of Business:

601 N ORLANDO AVE
MAITLAND, FL 32751 US

New Principal Place of Business:

1185 WYMORE ROAD
MAITLAND, FL 32751 US

Current Mailing Address:

P O BOX 941524
MAITLAND, FL 327941524 US

New Mailing Address:

FEI Number: 59-2758527 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANGSTON, HERBERT A JR
111 S. MAITLAND AVE.
MAITLAND, FL 32751 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: VD () Delete
Name: HOBBS, WAID
Address: 408 E. 7TH ST.
City-St-Zip: APOPKA, FL 32703

Title: PD () Delete
Name: EVERT, JOSEPH
Address: 425 WARREN AVE
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: SCHMICK, ELLEN
Address: 322 BONNIE TR
City-St-Zip: LONGWOOD, FL 32750

Title: ST () Delete
Name: JASANIS, JANET
Address: 1142 N FORAL WAY
City-St-Zip: MAITLAND, FL 32751

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOBBS, WAID
Address: 408 E. 7TH ST.
City-St-Zip: APOPKA, FL 32703

Title: D (X) Change () Addition
Name: EVERT, JOSEPH
Address: 425 WARREN AVE
City-St-Zip: LONGWOOD, FL 32750

Title: VD (X) Change () Addition
Name: SCHMICK, ELLEN
Address: 322 BONNIE TR
City-St-Zip: LONGWOOD, FL 32750

Title: SD (X) Change () Addition
Name: JASANIS, JANET
Address: 1142 N FORAL WAY
City-St-Zip: MAITLAND, FL 32751

Title: TD () Change (X) Addition
Name: SHERMAN, MARSHALL
Address: 421 PRAIRIE LAKE COVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: M () Change (X) Addition
Name: FERRARO, KIMBERLY E
Address: 613 DOHENY WAY
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KIMBERLY E FERRARO

M

04/19/2005

Electronic Signature of Signing Officer or Director

Date