

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18094

FILED
Mar 13, 2007
Secretary of State

Entity Name: CENTRAL FLORIDA HELPLINE, INC.

Current Principal Place of Business:

1185 N WYMORE ROAD
MAITLAND, FL 32751 US

New Principal Place of Business:

31 SKYLINE DRIVE
LAKE MARY, FL 32746 US

Current Mailing Address:

P O BOX 941524
MAITLAND, FL 327941524 US

New Mailing Address:

P O BOX 952182
LAKE MARY, FL 32795 US

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: PD () Delete
Name: FERRARO, KIMBERLY
Address: 613 DOHENY WAY
City-St-Zip: CASSELBERRY, FL 32707

Title: TD () Delete
Name: EVERT, JOSEPH
Address: 725 OXFORD ST
City-St-Zip: LONGWOOD, FL 32750

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

Title: VD () Delete
Name: HOBBS, WAID
Address: PO BOX 994
City-St-Zip: GROVELAND, FL 34736

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: VD (X) Change () Addition
Name: HOBBS, WAID
Address: 11107 STONE GATE CT
City-St-Zip: ORLANDO, FL 32837

Title: SD () Change (X) Addition
Name: SMITH, KELI
Address: 133 STONE HILL DR
City-St-Zip: MAITLAND, FL 32751

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: KIMBERLY FERRARO

PD

03/13/2007

Electronic Signature of Signing Officer or Director

Date