FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FILED IN DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 4:17

DOCUMENT # N42981 (3)

1. Corporation Name
FIRST CALL FOR HELP MINISTRIES, INC.

Principal Place of Business	Mailing Address
2832 DIXIE RD LAKELAND FL 33801	2832 DIXIE RD LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/15/1991
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-3061815 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

EDWARDS, DONNA
2832 DIXIE RD
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Donna Edwards DONNA Edwards 1-11-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	VP	☑ Change ☐ Addition
NAME	STARLING, CAROL	1.2 NAME	Audrey GoLLeT	
STREET ADDRESS	6121 CHRISTINA DR W	1.3 STREET ADDRESS	4623 Grove Great Dr	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	LaKeland FL 33813	
TITLE	TD	2.1 TITLE	D	☑ Change ☐ Addition
NAME	COX, LESLIE	2.2 NAME	Pat Paul	
STREET ADDRESS	2829 DIXIE RD	2.3 STREET ADDRESS	4925 Fox Run	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	LaKeland, FL 33813	
TITLE	P	3.1 TITLE		☐ Change ☐ Addition
NAME	LANDEY, JEANINE	3.2 NAME		
STREET ADDRESS	1375 HONEYTREE LN E.	3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE	D	☑ Change ☐ Addition
NAME	O'DELL, EDIE	4.2 NAME	Pam Corbin	
STREET ADDRESS	6695 BRECKIN RIDGE CT.	4.3 STREET ADDRESS	6603 Carlton Dr	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	ST	5.1 TITLE	S/T	☐ Change ☑ Addition
NAME	HOFFMAN, CAROL	5.2 NAME	Hoffman, Carol	
STREET ADDRESS	1423 GLENDALE	5.3 STREET ADDRESS	1423 Glendale	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	D	6.1 TITLE	D	☑ Change ☐ Addition
NAME	WHITNEY, SHIRLEY	6.2 NAME	Neil Roddenbery	
STREET ADDRESS	6691 BRECKIN RIDGE	6.3 STREET ADDRESS	928 Fairington CT	
CITY-ST-ZIP	LAKELAND FL	6.4 CITY-ST-ZIP	Lakeland FL 33813	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JEANINE LANDEY 1-13-95 (813)
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #
665-7621

0056000