

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
Feb 05 1997 8:00am  
Secretary of State**DOCUMENT # N42981 (3)**

1. Corporation Name

**HELPLINE MINISTRIES, INC.**

Principal Place of Business

Mailing Address

**2832 DIXIE RD  
LAKELAND FL 33801****P.O. BOX 91071  
LAKELAND FL 33804-1071  
US****3. Date Incorporated or Qualified**  
**04/15/1991****3a. Date of Last Report**  
**01/26/1996****2. Principal Place of Business****2a. Mailing Address****21****26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22****27**

City &amp; State

City &amp; State

**23****28**

Zip

Country

Zip

Country

**24****25****29****30****9. Name and Address of Current Registered Agent****10. Name and Address of New Registered Agent****EDWARDS, DONNA  
2832 DIXIE RD  
LAKELAND FL 33801****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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

**VP**☐ DELETE

NAME

**GOLLERT, AUDREY**

STREET ADDRESS

**4623 GROVE CREST DR**

CITY - ST - ZIP

**LAKELAND FL**

TITLE

**D**☐ DELETE

NAME

**PAUL, PAT**

STREET ADDRESS

**4925 FOX RUN**

CITY - ST - ZIP

**LAKELAND FL**

TITLE

**P**☐ DELETE

NAME

**LANDEY, JEANINE**

STREET ADDRESS

**1375 HONEYTREE LN E.**

CITY - ST - ZIP

**LAKELAND FL**

TITLE

**D**☐ DELETE

NAME

**CORBAN, PAM**

STREET ADDRESS

**603 GALVIN DR**

CITY - ST - ZIP

**LAKELAND FL**

TITLE

**ST**☐ DELETE

NAME

**HOFFMAN, CAROL**

STREET ADDRESS

**1423 GLENDALE**

CITY - ST - ZIP

**LAKELAND FL**

TITLE

**D**☐ DELETE

NAME

**RODDENBERRY, NEIL**

STREET ADDRESS

**928 FAIRLINGTON CT**

CITY - ST - ZIP

**LAKELAND FL**

1.1 TITLE

☐ Change☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**14.** I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0052709

1-29-97 (941) 667-0582

CR2E037 (9/96)