

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

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
US

3. Date Incorporated or Qualified

04/15/1991

4. FEI Number

59-3061815

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

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

Donna R. Edwards DONNA R. Edwards

2-21-98

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	<input type="checkbox"/> DELETE
NAME	GOLLERT, AUDREY	
STREET ADDRESS	4623 GROVE CREST DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAUL, PAT	
STREET ADDRESS	4925 FOX RUN	
CITY-ST-ZIP	LAKELAND FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LANDEY, JEANINE	
STREET ADDRESS	1375 HONEYTREE LN E.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CORBAN, PAM	
STREET ADDRESS	603 GALVIN DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HOFFMAN, CAROL	
STREET ADDRESS	1423 GLENDALE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RODOENBERY, NEIL	
STREET ADDRESS	928 FAIRLINGTON CT	
CITY-ST-ZIP	LAKELAND FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gollert, Audrey	
1.3 STREET ADDRESS	4623 Grove Crest Dr	
1.4 CITY-ST-ZIP	Lakeland, FL	
2.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Grant, TRACY	
2.3 STREET ADDRESS	2832 Dixie Rd	
2.4 CITY-ST-ZIP	Lakeland, FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Pendry, Trish	
3.3 STREET ADDRESS	5710 Greenway Cir	
3.4 CITY-ST-ZIP	Lakeland, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Hoffman Carol	
5.3 STREET ADDRESS	1423 Glendale	
5.4 CITY-ST-ZIP	Lakeland, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: *Donna R. Edwards* DONNA R. Edwards

2-21-98 941-667-0582

CR2E037 (10/97)