

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90072 014 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N42981

1. Corporation Name

HELPLINE MINISTRIES, INC.

Principal Place of Business

2832 DIXIE RD
LAKELAND FL 33801

Mailing Address

P.O. BOX 91071
LAKELAND FL 33804
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/15/1991	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3061815	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

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

11. Pursuant to the provisions of Sections 817.0502 and 817.1508, 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 817.0503, Florida Statutes.

SIGNATURE *Donna Edwards*

(NOTE: Registered Agent signature required when reinstating)

DATE

2-6-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLLERT, AUDREY	1.2 NAME	
STREET ADDRESS	4623 GROVE CREST DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL, PAT	2.2 NAME	Pendry, David
STREET ADDRESS	4925 FOX RUN	2.3 STREET ADDRESS	5710 Greenway Cir
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	Lakeland, FL 33801
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, TRACY	3.2 NAME	Pendry, Trish
STREET ADDRESS	2832 DIXIE RD	3.3 STREET ADDRESS	5710 Greenway Cir
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	Lakeland, FL 33801
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENDRY, TRISH	4.2 NAME	Pendry, Trish
STREET ADDRESS	5710 GREENWAY CIR	4.3 STREET ADDRESS	5710 Greenway Cir
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	Lakeland, FL 33801
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, CAROL	5.2 NAME	
STREET ADDRESS	1423 GLENDALE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODDENBERRY, NEIL	6.2 NAME	DONNA EDWARDS
STREET ADDRESS	928 FAIRLINGTON CT	6.3 STREET ADDRESS	2832 DIXIE RD
CITY-ST-ZIP	LAKELAND FL	6.4 CITY-ST-ZIP	LAKELAND FL 33801

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, with all other like empowered.

SIGNATURE: *Donna Edwards*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-99

Date

941-667-0582

Daytime Phone #

CR2E037 (1/198)