

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42981

Entity Name: HELPLINE MINISTRIES, INC.

FILED
Jan 15, 2004
Secretary of State

Current Principal Place of Business:

2832 DIXIE RD
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 91071
LAKELAND, FL 33804 US

New Mailing Address:

FEI Number: 59-3061815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, DONNA
2832 DIXIE RD
LAKELAND, FL 33801 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: P () Delete
Name: NASH, RITA
Address: 4825 1ST ST NW
City-St-Zip: LAKELAND, FL 33810

Title: D () Delete
Name: PENDRY, DAVID
Address: 5710 GREENWAY CIR
City-St-Zip: LAKELAND, FL 33801

Title: ST () Delete
Name: PENDRY, TRISH
Address: 5710 GREENWAY CIR
City-St-Zip: LAKELAND, FL 33801

Title: D () Delete
Name: EDWARDS, DONNA
Address: 2832 DIXIE RD.
City-St-Zip: LAKELAND, FL 33801

Title: D () Delete
Name: TROXEL, JAY
Address: 2001 CARPENTERS WAY
City-St-Zip: LAKELAND, FL 33810

Title: D () Delete
Name: FETTERS, GERI
Address: DUFF RD
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: PENDRY, TRISH
Address: 5710 GREENWAY CIR
City-St-Zip: LAKELAND, FL 33801

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LESLIE COX

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01/15/2004

Electronic Signature of Signing Officer or Director

Date