04011999-90015-015-$61.25-$61.25

FILED
Apr 01, 1999 8:00 am
Secretary of State
04-01-1999 90015 015 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000007045

1. Corporation Name
FIRST CALL FOR HELP, INC.

Principal Place of Business	Mailing Address
4040 COMMERCIAL WAY SPRING HILL FL 34606	4040 COMMERCIAL WAY SPRING HILL FL 34606

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/18/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3489445 — Applied For / Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JONES, JAMES R JR. 71412 MARINER BOULEVARD SPRING HILL FL 34609	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D SECRETARY ☐ DELETE NAME: FISHER, JERRY STREET ADDRESS: 8204 ELEANOR STREET CITY-ST-ZIP: SPRING HILL FL 34606		1.1 TITLE: DIRECTOR ☐ Change ☑ Addition 1.2 NAME: JOHNSON, JAN 1.3 STREET ADDRESS: 20 N. MAIN ST 1.4 CITY-ST-ZIP: BROOKSVILLE, FL 34601	
TITLE: B- PRESIDENT ☐ DELETE NAME: NICASTRO, SUE STREET ADDRESS: 850 ST. FRANCIS STREET CITY-ST-ZIP: BROOKSVILLE FL 34601		2.1 TITLE: DIRECTOR ☐ Change ☑ Addition 2.2 NAME: FRAZIER, BRENDA 2.3 STREET ADDRESS: 20 N. MAIN ST 2.4 CITY-ST-ZIP: BROOKSVILLE, FL 34606	
TITLE: DIRECTOR ☐ DELETE NAME: ANDREWS, DEBORAH STREET ADDRESS: 1300 MARINER BOULEVARD CITY-ST-ZIP: SPRING HILL FL ~~34608~~ 34609		3.1 TITLE: DIRECTOR ☐ Change ☑ Addition 3.2 NAME: BLAHA, JOY 3.3 STREET ADDRESS: 1036 VARSITY DR 3.4 CITY-ST-ZIP: BROOKSVILLE, FL 34601	
TITLE: VICE PRESIDENT ☐ DELETE NAME: Gimbel, Bruce STREET ADDRESS: PO. BOX 3036 CITY-ST-ZIP: SPRING HILL, FL 34606		4.1 TITLE: ☐ Change ☑ Addition 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	
TITLE: TREASURER ☐ DELETE NAME: HARDIN, MICHAEL STREET ADDRESS: 259 DARTMOUTH CITY-ST-ZIP: SPRING HILL, FL 34606		5.1 TITLE: ☐ Change ☑ Addition 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	
TITLE: DIRECTOR ☐ DELETE NAME: CEH, MARILYN STREET ADDRESS: 4040 COMMERCIAL WAY CITY-ST-ZIP: SPRING HILL, FL 34606		6.1 TITLE: ☐ Change ☑ 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, with all other like empowered.

SIGNATURE: Marilyn Ceh SIGNATURE REMARKED CEH 3/29/99 (352) 688-2026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Marilyn Ceh MARILYN CEH 4/12/99

CR2E037 (11/98)