


**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90015 015 \*\*\*\*61.25

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N97000007045**

1. Corporation Name  
**FIRST CALL FOR HELP, INC.**

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|--|--|
| Principal Place of Business<br>4040 COMMERCIAL WAY<br>SPRING HILL FL 34606 | Mailing Address<br>4040 COMMERCIAL WAY<br>SPRING HILL FL 34606 |
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|                                      |                           |   |
|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>12/18/1997   |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-3489445   |
| City & State<br>23                   | City & State<br>28        | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |
| Zip<br>24                            | Country<br>25             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

|  |   |
|--|---|
| 9. Name and Address of Current Registered Agent<br><br>JONES, JAMES R JR.<br>71412 MARINER BOULEVARD<br>SPRING HILL FL 34609 | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                              |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|---|--|
| TITLE<br>D SECRETARY <input type="checkbox"/> DELETE    | NAME<br>FISHER, JERRY                                | 1.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS<br>8204 ELEANOR STREET                   | CITY-ST-ZIP<br>SPRING HILL FL 34606                  | 1.2 NAME<br>DIRECTOR JOHNSON, JAN                     |  |
|   |  | 1.3 STREET ADDRESS<br>20 N. MAIN ST                   |  |
|   |  | 1.4 CITY-ST-ZIP<br>BROOKSVILLE, FL 34601              |  |
| TITLE<br>B PRESIDENT <input type="checkbox"/> DELETE    | NAME<br>NICASTRO, SUE                                | 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS<br>850 ST. FRANCIS STREET                | CITY-ST-ZIP<br>BROOKSVILLE FL 34601                  | 2.2 NAME<br>DIRECTOR FRAZIER, BRENDA                  |  |
|   |  | 2.3 STREET ADDRESS<br>20 N. MAIN ST                   |  |
|   |  | 2.4 CITY-ST-ZIP<br>BROOKSVILLE, FL 34606              |  |
| TITLE<br>DIRECTOR <input type="checkbox"/> DELETE       | NAME<br>ANDREWS, DEBORAH                             | 3.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS<br>1300 MARINER BOULEVARD                | CITY-ST-ZIP<br>SPRING HILL FL <del>34600</del> 34609 | 3.2 NAME<br>DIRECTOR BLAHA, JOY                       |  |
|   |  | 3.3 STREET ADDRESS<br>1036 VARSITY DR                 |  |
|   |  | 3.4 CITY-ST-ZIP<br>BROOKSVILLE, FL 34601              |  |
| TITLE<br>VICE PRESIDENT <input type="checkbox"/> DELETE | NAME<br>GIMBEL, BRUCE                                | 4.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS<br>P.O. Box 3036                         | CITY-ST-ZIP<br>SPRING HILL, FL 34606                 | 4.2 NAME  |  |
|   |  | 4.3 STREET ADDRESS                                    |  |
|   |  | 4.4 CITY-ST-ZIP                                       |  |
| TITLE<br>TREASURER <input type="checkbox"/> DELETE      | NAME<br>HARDIN, MICHAEL                              | 5.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS<br>259 DARTMOUTH                         | CITY-ST-ZIP<br>SPRING HILL, FL 34606                 | 5.2 NAME  |  |
|   |  | 5.3 STREET ADDRESS                                    |  |
|   |  | 5.4 CITY-ST-ZIP                                       |  |
| TITLE<br>DIRECTOR <input type="checkbox"/> DELETE       | NAME<br>CEH, MARILYN                                 | 6.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS<br>4040 COMMERCIAL WAY                   | CITY-ST-ZIP<br>SPRING HILL, FL 34606                 | 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 REMOVED 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 (1-1/98)