Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90187 038 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000072027

1. Corporation Name LIFFLINE COUNSELING, INC.

CII ECIIVE	L COOMOLLING,	iiio.								
Principal Plac	e of Business		Mailing Address					/BISI 88111 18	BIR 31011 00119 1	1811 (881 1881
10406 TAFT ST			10406 TAFT ST					**		
PEMBROKE PINES FL 33026-2819 PEMBROKE PINES FL 33026-2819							•		· · · · -	
							DO NOT WRITE	IN THIS S	SPACE	
							3. Date Incorporated or Qualifed 08/14/1998			
2. Principal P	Place of Business		2a. Mailing Address		_		4. FEI Number		App	olied For
21			26				65-0857615	<u> </u>		Applicable
Suite, Apt.	e, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		\$8.75 A	
City & Stat	te		City & State				6. Election Campaign Financing	7	\$5.00 1	<b>Иау Ве</b>
23			28				Trust Fund Contribution		Added to	Fees
Zip	Count 25	ту	Zip	Coun	itry		This corporation owes the curren     Personal Property Tax.	: year Inta		∏No i
	9. Name and Addr	ess of Current F	<u>11</u>	1			10. Name and Address of New Reg	istered A	gent	
					81	Name				
	SENCIA, CARLOS E				82	Street Add	ress (P.O. Box Number is Not Acceptabl	e)		
10406 TAFT ST PEMBROKE PINES FL 33026-2819					02	Olidet Addi	· · · · · · · · · · · · · · · · · · ·	-,	•	
					83				_	
					84	City			85 Zip C	ode
						City		FL		
11. Pursuant office or ragent. I a	registered agent or bet am familiar with end ac	ctions 607.0502 a h, in the State of cept the obligation	ind 607.1508, Florida Statuti Florida. Such change was a ns of, Section 607.0505, Flo	es, the ab authorized arida Statui	ove by t tes.	e-named corp the corporation	oration submits this statement for the puon's board of directors. I hereby accept t	irpose of o he appoin	ımenı as reg	istered
SIGNATURE	Signature, typed or printed nan				Agent	t signature require	d when reinstating)	DATE		
12.		OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AN	Change	RS IN 12
TITLE	President	21.00.00	☐ DELETE	1.1 TITL	LE				□] Change	Addition
NAME	Carlos E.	Plasence	2.	1.2 NAN						
STREET ADDRESS	100.00	t short								
CITY-ST-ZIP		<b>^</b> .				ADDRESS				
TITLE	Pembroke P.	nes, FL	33026	1.3 STR	REET Y-ST	r-ZIP	G Oa .			E Addison
NAME	Penbroke P	nes, fl		1.3 STR 1.4 CIT 2.1 TITU	REET Y-ST	r-ZIP	ice. President		☐ Change	Addition
TO SVIC.	Penbrone P	nes, fl	33026	1.3 STR 1.4 CIT 2.1 TITU 2.2 NAM	Y-ST LE ME	r-ZIP	ice. President acqueline Cogney		Change	Addition
STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,	nes, fl	33026	1.3 STR 1.4 CIT 2.1 TITU 2.2 NAM	Y-ST LE ME	ADDRESS 1	acqueline Cogney 0406 Tall Street	2203		Addition
	, , , , , , , , , , , , , , , , , , , ,	ner, fl	33026	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT	Y-ST LE ME REET.	ADDRESS J	ice. President acqueline Cogney 0406 Talt Street entroke Pines, Fe	3302	- ــــــــــــــــــــــــــــــــــــ	-
STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,	ner, fl	33026	1.3 STR 1.4 CIT 2.1 TITU 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITU	Y-ST LE ME REET. TY-ST	ADDRESS J	acqueline Cogney 0406 Tall Street	3302		Addition  Addition
STREET ADDRESS CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , ,	iner, FL	33026	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA	Y-ST- LE ME REET- TY-ST LE ME	ADDRESS T-ZIP	acqueline Cogney 0406 Tall Street	3302	- ــــــــــــــــــــــــــــــــــــ	- -
STREET ADDRESS CITY-ST-ZIP TITLE		iner, FL	33026	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA	Y-ST- LE ME REET- TY-ST LE ME	ADDRESS J	acqueline Cogney 0406 Tall Street	3302	- ــــــــــــــــــــــــــــــــــــ	- -
STREET ADDRESS CITY-ST-ZIP TITLE NAME		iner, FL	DELETE	1.3 STR 1.4 CIT 2.1 TITU 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITU 3.2 NAA 3.3 STR 3.4. CIT	REET.  Y-ST  LE  ME  REET.  TY-ST  LE  ME  REET  TY-ST	ADDRESS ADDRESS	acqueline Cogney 0406 Tall Street	3302	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		ner, FL	33026	1.3 STF 1.4 CIT 2.1 TITU 2.2 NAM 2.3 STF 2.4 CIT 3.1 TITU 3.2 NAM 3.3 STF 3.4 CIT 4.1 TITU	REET. LE ME REET. LE ME REET. LE ME LE	ADDRESS ADDRESS	acqueline Cogney 0406 Tall Street	3302	- ــــــــــــــــــــــــــــــــــــ	-
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		ner, FL	DELETE	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM	REET. Y-ST LE ME REET. IY-SI LE ME REET IY-SI LE	ADDRESS T-ZIP  ADDRESS T-ZIP	acqueline Cogney 0406 Tall Street	3302	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		ner, FL	DELETE	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM	REET. Y-ST LE ME REET. IY-SI LE ME REET IY-SI LE	ADDRESS ADDRESS	acqueline Cogney 0406 Tall Street	3302	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		ner, FL	33026  DELETE	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 . CIT 4.1 TITL 4.2 NAA 4.3 STR 4.4 CIT 4.4 CIT	REET. Y-ST. LE ME REET. Y-S1 LE ME LE ME REET TY-S1 LE LE ME REET TY-S1 LE	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS ADDRESS	acqueline Cogney 0406 Tall Street	3302	Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		ner, FL	DELETE	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4. CIT 4.1 TITL 4.2 NAA 4.3 STR 4.4 CIT 5.1 TITL 5.1	REET. Y-ST LE ME REET. TY-ST LE ME REET TY-ST LE ME REET TY-ST LE	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS ADDRESS	acqueline Cogney 0406 Tall Street	3302	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		ner, FL	33026  DELETE	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAN 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAN 3.3 STR 3.4. CIT 4.1 TITL 4.2 NA 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAN	REET. Y-ST LE ME REET TY-ST LE ME REET TY-ST LE ME REET TY-ST LE ME REET TY-ST	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS ADDRESS	acqueline Cogney 0406 Tall Street	3302	Change	Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or en an attachment with an address, with all other like empowered.

5.4 CITY- ST-ZIP

6.3 STREET ADDRESS

64 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

954-436-3880

Change

Addition