

Dkt# 20170261

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/10/2018
Pay Telephone Service Provider Regulatory Assessment Fee Return

JAN 05 2018 # 121

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:
Actual Return
Estimated Return
Amended Return

TH095-17-T-0-R
Central Florida Haven of Hope Ministries, Inc.
1310 West Colonial Drive, Suite 25
Orlando, FL 32804-7154

* want certificate cancelled *

FOR PSC USE ONLY	
Check #	4812
\$	100.00 06-03-001 003001
\$	E
\$	P 06-03-001 004011
\$	I
Postmark Date	12-20-17
Initials of Preparer	IM

PERIOD COVERED:
1/1/2017 TO 12/31/2017

Records

Please Complete Below If Official Mailing Address Has Changed

CENTRAL FLORIDA HAVEN OF HOPE (Name of Company) 1310 W. COLONIAL DR. SUITE 25 (Address) ORL. FLORIDA 32804 (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida) <i>payphone bus</i>	\$ 1746. ⁰⁰
2.	Gross Intrastate Revenue	
3.	Less: Amounts Paid to Other <i>of 12-31-17</i> <i>cancelled a</i> <i>please proc.</i> <i>license closed</i>	(1215. ⁰⁰)
4.	TOTAL REVENUES for Regulat	\$ 531. ⁰⁰
5.	REGULATORY ASSESSMENT enter amount. If less, enter \$100.) ⁽²⁾	
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	
8.	Extension Payment Fee (see "4. Extension" on back)	
9.	TOTAL AMOUNT DUE (Add lines 5 through 8)	\$ 100. ⁰⁰
10.	Number of pay telephones in operation at close of period covered by this Return	0

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
 (2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$100 shall be imposed as provided in Section 364.336, Florida Statutes.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

Roxanne Nordquist
 (Signature of Company Official)

EXECUTIVE DIRECTOR
 (Title)

12-14-17
 (Date)

ROXANNE NORDQUIST
 (Preparer of Form - Please Print Name)

Telephone Number (407) 298-2056 Fax Number ()

COMMISSION CLERK

F.E.I. No. 59-3338309

RECEIVED-PPSC
 2018 JAN -5 AM 9:25

payphone bus
cancelled as
of 12-31-17
please proc.
license case.