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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **714724** **(2)**

1. Corporation Name

PEOPLE HELPING PEOPLE, INC.

Principal Place of Business	Mailing Address
4540 MCINTOSH RD. DOVER FL 33527-4132 US	P.O. BOX 1920 DOVER FL 33527-1920 US

3. Date Incorporated or Qualified: **06/06/1968**
3a. Date of Last Report: **04/29/1996**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: **59-6216251** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GILMORE, RICARDO L
101 E KENNEDY BLVD.
TAMPA FL 33601

10. Name and Address of New Registered Agent

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	PCD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	USSERY, REV. R C.		1.2 NAME	
STREET ADDRESS	4540 MCINTOSH ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	DOVER FL		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HASELDEN, REV. W		2.2 NAME	
STREET ADDRESS	3425 DEARCY AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY		2.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GREENE, REV. J R.		3.2 NAME	
STREET ADDRESS	2725 S. LOVE OAK DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP	MONCKS CORNER SC		3.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HALL, REV. H EUDON		4.2 NAME	
STREET ADDRESS	4540 MCINTOSH RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	DOVER FL		4.4 CITY-ST-ZIP	
TITLE	VPST	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	EVANS, REV. H W.		5.2 NAME	
STREET ADDRESS	329 PANDORA DR.		5.3 STREET ADDRESS	
CITY-ST-ZIP	GOOSE CREEK SC		5.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	HALL, MRS. B G.		6.2 NAME	
STREET ADDRESS	4540 MCINTOSH RD.		6.3 STREET ADDRESS	
CITY-ST-ZIP	DOVER FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Ramon C Ussery FILED April 7th, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0045663