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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)

City & State (23) / City & State (28)

Zip (24) / Country (25) / Zip (29) / Country (30)

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

Pd - Ck# 6100 $70.00

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		

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.

SIGNATURE: Ricardo L. Gilmore AUTHORIZED March 28/98 (813) 659-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/97)