2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State
05-03-2000 90064 005 ****66.25

DOCUMENT # 714724

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PCD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	USSERY, REV. R C.		NAME		
STREET ADDRESS	4540 MCINTOSH ROAD		STREET ADDRESS		
CITY-ST-ZIP	DOVER FL		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GREENE, REV. J R.		NAME		
STREET ADDRESS	2725 S. LOVE OAK DR.		STREET ADDRESS		
CITY-ST-ZIP	MONCKS CORNER SC		CITY-ST-ZIP		
TITLE	VPST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	EVANS, REV. H W.		NAME		
STREET ADDRESS	329 PANDORA DR.		STREET ADDRESS		
CITY-ST-ZIP	GOOSE CREEK SC		CITY-ST-ZIP		
TITLE	AS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HALL, MRS. B G.		NAME		
STREET ADDRESS	4540 MCINTOSH RD.		STREET ADDRESS		
CITY-ST-ZIP	DOVER FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ricardo Gilmore April 24/2000 (813)659-0318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #