

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90201 012 ****70.00

DOCUMENT # 714724

1. Entity Name

PEOPLE HELPING PEOPLE, INC.



Principal Place of Business

4540 MCINTOSH RD.
DOVER FL 33527-4132
US

Mailing Address

P.O. BOX 1920
DOVER FL 33527-1920
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: PCD ☐ Delete
NAME: USSERY, REV. R C.
STREET ADDRESS: 4540 MCINTOSH ROAD
CITY- ST- ZIP: DOVER FL

TITLE: VPD ☒ Delete
NAME: GREENE, REV. J R.
STREET ADDRESS: 2725 S. LOVE OAK DR.
CITY- ST- ZIP: MONCKS CORNER SC

TITLE: VPST ☐ Delete
NAME: EVANS, REV. H W.
STREET ADDRESS: 329 PANDORA DR.
CITY- ST- ZIP: GOOSE CREEK SC

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☒ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: VPDT ☐ Change ☒ Addition
NAME: USSERY, LISA A.MS.
STREET ADDRESS: 4540 McIntosh Rd.
CITY- ST- ZIP: Dover, FL 33527-1920

TITLE: STDT ☐ Change ☒ Addition
NAME: USSERY, JANIE K. MRS.
STREET ADDRESS: 4540 McIntosh Rd.
CITY- ST- ZIP: Dover, FL 33527-1920

TITLE: STD/T ☒ Change ☐ Addition
NAME: EVANS, REV. H.D.
STREET ADDRESS: 329 PANDORA DR.
CITY- ST- ZIP: GOOSE CREEK, S.C. 29445

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 14-07