

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005195

FILED  
Apr 12, 2008  
Secretary of State

**Entity Name:** PEOPLE HELPING PEOPLE OUTREACH CENTER, INC.

**Current Principal Place of Business:**

1104 NW 3RD AVE  
FT LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

1104 NW 3RD AVE  
FT LAUDERDALE, FL 33311

**New Mailing Address:**

**FEI Number:** 01-0720650

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HANKERSON, PATRICIA  
1104 NW 3RD AVE  
FT LAUDERDALE, FL 33311 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: HANKERSON, PATRICIA  
Address: 1104 NW 3RD AVE  
City-St-Zip: FT LAUDERDALE, FL 33311

Title: D ( ) Delete  
Name: JACOBS, JACKIE  
Address: 4821 NW 22ND CT #201  
City-St-Zip: LAUDERHILL, FL 33313

Title: D ( ) Delete  
Name: WILLIAMS, THOMAS  
Address: 2611 NW AVE #417  
City-St-Zip: LAUDERHILL, FL 33313

Title: D ( ) Delete  
Name: CHILDS, EVELYN  
Address: 2342 NW 28TH ST  
City-St-Zip: FT LAUDERDALE, FL 33311

Title: D ( ) Delete  
Name: ROSEBURR, MILTON  
Address: 56 S.W. 114TH TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33071

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA HANKERSON

DP

04/12/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date