

FILE NOW: FILING FEE IS \$61.25

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Apr 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000715 (2)**

1. Corporation Name  
**PEOPLE HELPING PEOPLE WORLDWIDE, INC.**



Principal Place of Business <b>2700 COOLIDGE AVE. ORLANDO FL 32804</b>	Mailing Address <b>PO BOX 580097 ORLANDO FL 32858-0097</b>
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3. Date Incorporated or Qualified <b>02/22/1994</b>	3a. Date of Last Report <b>04/15/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>59-3233467</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>OFORI, EDNA 2078 ASHLAND BLVD ORLANDO FL 32808</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCDELLAH, DANIEL</b>	1.2 NAME	
STREET ADDRESS	<b>2078 ASHLAND BLVD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL 32808</b>	1.4 CITY - ST - ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FILS-AIME, ANTOINE</b>	2.2 NAME	
STREET ADDRESS	<b>2201 KINGSLAND AVE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL 32808</b>	2.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, ANITA</b>	3.2 NAME	
STREET ADDRESS	<b>915 KIRK ST</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL 32808</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEICHAUCH, VICTORIA</b>	4.2 NAME	
STREET ADDRESS	<b>4420 NW 4 ST.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PLANTATION FL 33317</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ERNEST, LYDIE</b>	5.2 NAME	
STREET ADDRESS	<b>2406 ASHLAND BLVD</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL 32808</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FANFAN, FRANTZ</b>	6.2 NAME	
STREET ADDRESS	<b>1017 W ORANGE RD</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL 32809</b>	6.4 CITY - ST - ZIP	

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: *Daniel McDelah* **DANIEL MCDELLAH** 4/11/97 407 438 7445  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018005

CR2E037 (9/96)