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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000006337

1. Corporation Name

PEOPLE AIDING PEOPLE, INC.

Principal Place of Business

20400 N.W. 20TH AVE.
CAROL CITY FL 33056

Mailing Address

20400 N.W. 20TH AVE.
CAROL CITY FL 33056

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/05/1998	
21 Suite, Apt., #, etc.		26 Suite, Apt., #, etc.		4. FEI Number 65-0874181	
22 City & State		27 City & State		5. Certificate of Status Desired - <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29	
30		31		32	

9. Name and Address of Current Registered Agent

MORRIS, CARMEN
 20400 N.W. 20TH AVE.
 CAROL CITY FL 33056

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P. LEROY HENRY
STREET ADDRESS		1.3 STREET ADDRESS	102 S.W. 9th ST APT A
CITY-ST-ZIP		1.4 CITY-ST-ZIP	HOLLANDALE, FL 33009
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	SID MORRIS
STREET ADDRESS		2.3 STREET ADDRESS	20400 N.W. 20th AVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CAROL CITY, FL 33056
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	CARMEN MORRIS
STREET ADDRESS		3.3 STREET ADDRESS	20400 N.W. 20th AVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CAROL CITY, FL 33056
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	S APRIL HENRY
STREET ADDRESS		4.3 STREET ADDRESS	102 S.W. 9th ST APT A
CITY-ST-ZIP		4.4 CITY-ST-ZIP	HOLLANDALE, FL 33009
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	RONITA COLEMAN
STREET ADDRESS		5.3 STREET ADDRESS	693 NE 82nd Terr
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI FL 33184
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	PAT RAMIREZ-OREE
STREET ADDRESS		6.3 STREET ADDRESS	7928 WEST DRIVE # 704
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MIAMI FL 33141

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, with all other like empowered.

SIGNATURE:

CARMEN MORRIS

Date

Daytime Phone #