2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

العمامة والمجالة المراكة

DOCUMENT #728358

1. Entity Name
PEOPLE HELPING PEOPLE FOUNDATION INC.



04-04-2005 90067 023 ****61.25

Apr 04, 2005 8:00 am Secretary of State

FILED

Principal Place of Business 495 OAK RIDGE AVE DELAND, FL 32724-2463 Mailing Address

495 OAK RIDGE AVE DELAND, FL 32724-2463



03292005 No Chg-NP

CR2E037 (10/03)

Applied For 4. FEI Number 23-7329966 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

WOOD, RICHARD H, JR 495 OAK RIDGE AVE **DELAND, FL. 32724** - - ·

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11	1	THIS	SPACE	

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 renatating) DATE
Filing Fee is \$61:25 . 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10. OFFICERS AND DIRECTORS TITLE PD NAME MARIS, GARY STRET ADDRESS LTTY-ST-ZP DELAND, FL 32720
TITLE V NAME BRADFORD, BRUCE STREET ADDRESS 131 W. MICHIGAN CITY-ST-ZIP DELAND, FL 327241342
TITLE S DINKIND, DEBORA STREET ADDRESS CITY-ST-2IP PORT ORANGE, FL 321247096 SSTREET ADDRESS PORT ORANGE, FL 321247096 DO NOT WRITE
TITLE T IN THIS SPACE IN THIS
TITLE D NAME REDDISH, MITCHELL STREET ADDRESS 950 ROLLING ACRES DR CITY-ST-ZIP DELAND, FL 327202350
TITLE D NAME JUSICK, TONY STREET ADDRESS CITY-ST-ZIP DELAND, FL 327244553 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:	SIGNATURE AND TYPED OR PRINTED NAME		AE OF SIGNENG OFFICER OR DIRECTOR		****	Date	Daytime Phone #	
OLONIATURE.	R. L.	H 61.	To	Richard	H Wood	J. 3	129/05	386-822-7572