

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90167 013 ****61.25

DOCUMENT # 816683

1. Corporation Name

PEOPLE-TO-PEOPLE HEALTH FOUNDATION INC.

Principal Place of Business

Mailing Address

PROJECT HOPE HEALTH SCIENCES EDUCATION CNT
ROUTE 255
MILLWOOD VA 22646

PROJECT HOPE HEALTH SCIENCES EDUCATION CNT
ROUTE 255
MILLWOOD VA 22646



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/05/1963	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		53-0242962	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
Country		Country			
25		30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	COB <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, CHARLES A.	1.2 NAME	SEE ATTACHED LIST FOR OFFICERS & DIRECTOR
STREET ADDRESS	EUROPA CENTER, 100 EUROPA DR #170	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHAPEL HILLS NC 27514	1.4 CITY-ST-ZIP	
TITLE	VCOB <input type="checkbox"/> DELETE	2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON, JERRY E PHD	2.2 NAME	
STREET ADDRESS	3050 MINNESOTA WORLD TRD CTR 30 SEV ST E	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PAUL MN 55101	2.4 CITY-ST-ZIP	
TITLE	PCEO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH JR., WILLIAM B.	3.2 NAME	
STREET ADDRESS	THE HOPE CENTER	3.3 STREET ADDRESS	
CITY-ST-ZIP	MILLWOOD VA 22646	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, WILLIAM L.	4.2 NAME	
STREET ADDRESS	1229 WASHINGTON STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15228	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, BEN L	5.2 NAME	
STREET ADDRESS	80 HUNTERS RIDGE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CONCORD MA 01742	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, EDWARD N	6.2 NAME	
STREET ADDRESS	BRIARPATCH RANCH	6.3 STREET ADDRESS	
CITY-ST-ZIP	LOCKHART TX 78644	6.4 CITY-ST-ZIP	

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

General Counsel & Asst. Secretary, 4/6/99 (540) 837-2100

Date

Daytime Phone #

CR2E037 (11/98)