


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000005195 1. Entity Name PEOPLE HELPING PEOPLE OUTREACH CENTER, INC.	
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Principal Place of Business 1104 NW 3RD AVE FT LAUDERDALE, FL 33311	Mailing Address 1104 NW 3RD AVE FT LAUDERDALE, FL 33311
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04272005 No Chg-NP CR2E037 (10/03)

4. FEI Number 01-0720650	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HANKERSON, PATRICIA 1104 NW 3RD AVE FT LAUDERDALE, FL 33311
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**DO NOT WRITE
IN 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HANKERSON, PATRICIA 1104 NW 3RD AVE FT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, JACKIE 4821 NW 22ND CT #201 LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, THOMAS 2611 NW AVE #417 LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHILDS, EVELYN 2342 NW 28TH ST FT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, JERRY 1291 NW 6TH ST FT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD0000350403
05/02/05-80103-010 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Patricia Hankerson Patricia Hankerson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-05 984-5270414