


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 21, 2006 8:00 am
Secretary of State

06-28-2006 90001 008 ****61.50

DOCUMENT # N02000005195					
1. Entity Name PEOPLE HELPING PEOPLE OUTREACH CENTER, INC.					
Principal Place of Business 1104 NW 3RD AVE FT LAUDERDALE FL 33311			Mailing Address 1104 NW 3RD AVE FT LAUDERDALE FL 33311		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 01-0720650	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HANKERSON, PATRICIA 1104 NW 3RD AVE FT LAUDERDALE FL 33311				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANKERSON, PATRICIA		NAME		
STREET ADDRESS	1104 NW 3RD AVE		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33311		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACOBS, JACKIE		NAME		
STREET ADDRESS	4821 NW 22ND CT #201		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33313		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, THOMAS		NAME		
STREET ADDRESS	2611 NW AVE #417		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33313		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHILDS, EVELYN		NAME		
STREET ADDRESS	2342 NW 28TH ST		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33311		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARTER, JERRY		NAME		
STREET ADDRESS	1291 NW 6TH ST		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33311		CITY-ST-ZIP		
TITLE	Milton Rosebarr	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	56 S. W. 184TH		NAME		
STREET ADDRESS	Coral Springs 33071		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <u>Patricia Hankerson Patricia Hankerson</u> 6/21/06					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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1st MOORE CR2E037 (10/05)

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954-527-6414