

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005195

FILED
Apr 26, 2007
Secretary of State

Entity Name: PEOPLE HELPING PEOPLE OUTREACH CENTER, INC.

Current Principal Place of Business:

1104 NW 3RD AVE
FT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

1104 NW 3RD AVE
FT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 01-0720650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANKERSON, PATRICIA
1104 NW 3RD AVE
FT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HANKERSON, PATRICIA
Address: 1104 NW 3RD AVE
City-St-Zip: FT LAUDERDALE, FL 33311

Title: D () Delete
Name: JACOBS, JACKIE
Address: 4821 NW 22ND CT #201
City-St-Zip: LAUDERHILL, FL 33313

Title: D () Delete
Name: WILLIAMS, THOMAS
Address: 2611 NW AVE #417
City-St-Zip: LAUDERHILL, FL 33313

Title: D () Delete
Name: CHILDS, EVELYN
Address: 2342 NW 28TH ST
City-St-Zip: FT LAUDERDALE, FL 33311

Title: D () Delete
Name: ROSEBURR, MILTON
Address: 56 S.W. 114TH TERRACE
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA HANKERSON

DP

04/26/2007

Electronic Signature of Signing Officer or Director

Date