

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90058 045 ****61.25

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 ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **HANKERSON, PATRICIA**
STREET ADDRESS **1104 NW 3RD AVE**
CITY-ST-ZIP **FT LAUDERDALE FL 33311**

TITLE **D** ☐ Delete
NAME **JACOBS, JACKIE**
STREET ADDRESS **4821 NW 22ND CT #201**
CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE **D** ☐ Delete
NAME **WILLIAMS, THOMAS**
STREET ADDRESS **2611 NW AVE #417**
CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE **D** ☐ Delete
NAME **CHILDS, EVELYN**
STREET ADDRESS **2342 NW 28TH ST**
CITY-ST-ZIP **FT LAUDERDALE FL 33311**

TITLE **D** ☐ Delete
NAME **CARTER, JERRY**
STREET ADDRESS **1291 NW 6TH ST**
CITY-ST-ZIP **FT LAUDERDALE FL 33311**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

RECEIVED

CR2E037 (10/02)