

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005974

FILED
May 01, 2009
Secretary of State

Entity Name: FAMILY FIRST PEOPLE HELPING PEOPLE INC.

Current Principal Place of Business:

5123 CRESTWOOD RD
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

5123 CRESTWOOD RD
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 20-1248508 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ROCKWELL ACCOUNTING, LLC
912 W MICHIGAN AVE
PENSACOLA, FL 32505 US

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: PD () Delete
Name: WATTS, KENNETH W
Address: 5123 CRESTWOOD RD
City-St-Zip: PENSACOLA, FL 32503

Title: S () Delete
Name: WATTS, FELICIA
Address: 12000 SCENIC HWY APT NUMBER 29
City-St-Zip: PENSACOLA, FL 32503

Title: TD () Delete
Name: WATTS, MARGUERITE
Address: 5123 CRESTWOOD RD
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WATTS, REV. KENNETH W
Address: 5123 CRESTWOOD RD
City-St-Zip: PENSACOLA, FL 32503

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: REV. KENNETH W WATTS

PD

05/01/2009

Electronic Signature of Signing Officer or Director

Date