

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005974

FILED  
May 04, 2010  
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  
**Name:** WATTS, REV. KENNETH W  
**Address:** 5123 CRESTWOOD RD  
**City-St-Zip:** PENSACOLA, FL 32503

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

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

I hereby 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 all other like empowered.

SIGNATURE: REV. KENNETH WATTS

PD

05/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date