

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012226

FILED
Apr 16, 2006
Secretary of State

Entity Name: PEOPLE'S AGENCY TASKFORCE HELP SOURCE INC.

Current Principal Place of Business:

1516 MAINE AVE
APT E102
LYNN HAVEN, FL 32444

New Principal Place of Business:

948 JENKS AVENUE
PANAMA CITY, FL 32405

Current Mailing Address:

1516 MAINE AVE
APT E102
LYNN HAVEN, FL 32444

New Mailing Address:

PO BOX 294
LYNN HAVEN, FL 32444

FEI Number: 56-2545231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HANLEY, DEBORAH
1516 MAINE AVE
APT E102
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

HANLEY, DEBORAH
948 JENKS AVENUE
PANAMA CITY, FL 32404 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: DEBORAH HANLEY

04/16/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HANLEY, DEBORAH
Address: 1516 MAINE AVE APT E102
City-St-Zip: LYNN HAVEN, FL 32444

Title: D () Delete
Name: THOMPSON, REEDA
Address: 1516 MAINE AVE APT E102
City-St-Zip: LYNN HAVEN, FL 32444

Title: D () Delete
Name: FLOYD, JULIE
Address: 1516 MAINE AVE APT E102
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HANLEY, DEBORAH A
Address: 1516 MAINE AVE APT E102
City-St-Zip: LYNN HAVEN, FL 32444

Title: D (X) Change () Addition
Name: CNIECIECKI, CONNIE
Address: PO BOX 10098
City-St-Zip: PANAMA CITY, FL 32404

Title: D (X) Change () Addition
Name: STURGEON, JERRY
Address: P.O. BOX 294
City-St-Zip: LYNN HAVEN, FL 32444

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBORAH HANLEY

D

04/16/2006

Electronic Signature of Signing Officer or Director

Date