2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2008 8:00 am Secretary of State

DOCUMENT # N0600003861 1. Entity Name PEOPLE HELPING PEOPLE FOR CHRIST MINISTRIES, INC.								04-02-2008	90031 005	5 ****61.2	25
Principal Place of Business Mailing Address 9325 BAY PLAZA BLVD 1202 SHOTONA CT #202 BRANDON, FL 33511 TAMPA, FL 33619											
2. Principal P	lace of Business - No P.C	. Box # 3. Mai	3. Mailing Address								
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.				03252008	Chg-NP	CR2E03	37 (12/06)	
City & State		Cit	City & State				4. FEI Numbe 11-3770			No	plied For t Applicable
Zip	Zip Country		Zip C		intry	5. Certificate of Stat		of Status Desired		\$8.75 Add Fee Required	
	-6: Name and Address	s of Current Registere	d Agent				7. Name and	Address of New	Registered	Agent	
ARMSTRO	ONG, ISAIAH TONA CT		Name Street Addre			dress (P	(P.O. Box Number is Not Acceptable)				
BRANDON, FL 33511											
		, ,					· · · ·		FL	Zip Code)
the obligation of the signature of the s	named entity submits this ions of registered agent.				ed office or re			h, in the State of I	Florida. I am	familiar with,	and accept
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
- ". 		l l						e Fi			
10.	Due by May 1, 200	l l	Trust Fund C			, ل	Added to Fees	e FI	orida Depar	tment of St	ate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 200	ERS AND DIRECTORS H PASTOR	Trust Fund C	11. TITUE NAM STRE	ion. [, ل	Added to Fees	Fi	orida Depar	tment of St	ate
TITLE NAME STREET ADDRESS	OFFIC D ARMSTRONG, ISAIA 1202 SHOTONA CT	ERS AND DIRECTORS H PASTOR 1 IR. NE	Trust Fund C	11. TITELE NAME STREE CITY TITELE NAME STREE STR	E E E EET ADDRESS -ST-ZIP	A	Added to Fees DDITIONS/CH	Fi	Orida Depar	RECTORS IN Change	ate 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 200 OFFIC D ARMSTRONG, ISAIA 1202 SHOTONA CT BRANDON, FL 3351 T HENDRIX, JOHN W. 30130 BARNABY LAI	ERS AND DIRECTORS H PASTOR I IR. NE L 33543	Trust Fund C	11. TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE	E E EET ADDRESS -ST-ZIP E E E EET ADDRESS -ST-ZIP E E E SET ADDRESS -ST-ZIP E E E SET ADDRESS -ST-ZIP E E E E ADDRESS -ST-ZIP	trea Mel STLE Secusion	asurer VIII L FISH HIGHERY OL DO	Merritand Lestruct	orida Depar CERS AND DI H H dge D 22am	RECTORS IN Change	ate 10 Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:/

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

3/31/08

814) 270-2370

Daytime Phone #