## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000007785

FILED Feb 18, 2009 Secretary of State

Entity Name: PEOPLE HELPING PEOPLE OF GULF COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

401 PETERS STREET

PORT ST. JOE, FL 32456 US

Current Mailing Address: New Mailing Address:

**401 PETERS STREET** 

PORT ST. JOE, FL 32456 US

FEI Number: 32-0259828 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAGIDSON, MEL C JR.

528 6TH STREET

LAMB, QUEN W
1304 PALM BLVD

PORT ST. JOE, FL 32456 US PORT ST. JOE, FL 32456 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: QUEN W. LAMB 02/18/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,T () Delete Title: EXEC (X) Change () Addition

 Name:
 LAMB, QUEN
 Name:
 LAMB, QUEN W

 Address:
 1304 PALM BLVD.
 Address:
 1304 PALM BLVD.

City-St-Zip: PORT ST. JOE, FL 32456 US City-St-Zip: PORT ST. JOE, FL 32456 US

Title: S () Delete Title: () Change () Addition

 Name:
 WHITE, ERIKA J
 Name:

 Address:
 303 MLK BLVD.
 Address:

 City-St-Zip:
 PORT ST. JOE, FL 32456 US
 City-St-Zip:

Title: PRES ( ) Change (X) Addition

 Name:
 Name:
 VAN TRESE, DAN

 Address:
 Address:
 1311 MCCLELLAND AVE.

 City-St-Zip:
 City-St-Zip:
 PORT ST. JOE, FL 32456 US

Title: ( ) Delete Title: VICE ( ) Change (X) Addition

 Name:
 Name:
 WHITE, TROY E

 Address:
 Address:
 303 MLK, BLVD.

 City-St-Zip:
 City-St-Zip:
 PORT ST. JOE, FL 32456 US

Name: Name: CROFT, TIM

 Address:
 Address:
 135 W U.S. HIGHWAY 98

 City-St-Zip:
 City-St-Zip:
 PORT ST. JOE, FL 32456 US

Title: ( ) Delete Title: DIRE ( ) Change (X) Addition

 Name:
 Name:
 RAMSEY, WILLIE

 Address:
 Address:
 1004 MARVIN AVE.

City-St-Zip: City-St-Zip: PORT ST. JOE, FL 32456 US

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: QUEN W. LAMB EXEC 02/18/2009