

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 17, 2011
Secretary of State

DOCUMENT# N08000007785

Entity Name: PEOPLE HELPING PEOPLE OF GULF COUNTY, INC.**Current Principal Place of Business:**401 PETERS STREET
PORT ST. JOE, FL 32456 US**New Principal Place of Business:**2010 PARKER AVENUE
PORT ST. JOE, FL 32456 US**Current Mailing Address:**401 PETERS STREET
PORT ST. JOE, FL 32456 US**New Mailing Address:**2010 PARKER AVENUE
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:**WHITE, ERIKA J
308 MARTIN LUTHER KING BLVD
PORT ST. JOE, FL 32456 US**Name and Address of New Registered Agent:**

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:** P
Name: MICHAEL, MCKENZIE
Address: 214 SEVENTH STREET
City-St-Zip: PORT ST. JOE, FL 32456 US**Title:** V
Name: GATHERS, CHARLSE
Address: 118 LIBERTY STREET
City-St-Zip: PORT ST. JOE, FL 32456 US**Title:** S
Name: PHIL, FORTIN
Address: 2006 MONUMENT AVENUE
City-St-Zip: PORT ST. JOE, FL 32456**Title:** T
Name: SUMMERS, EVELYN V
Address: 450 POMPANO
City-St-Zip: PORT ST. JOE, FL 32456

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: ERIKA J WHITE

ED

10/17/2011

Electronic Signature of Signing Officer or Director_____
Date