

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50545 (5)

1. Corporation Name

PEOPLES RELIEF PROJECT INC.



Principal Place of Business

**3330 TROJAN RD
VENICE FL 34293**

Mailing Address

**670 SHETLAND CIRCLE
NOKOMIS FL 34275
US**

3. Date Incorporated or Qualified
08/24/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 380 Harvard RD

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Venice, FL

28

Zip

Country

Zip

Country

24 34293

25 USA

29

30

4. FEI Number
65-0355021

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCAY, JEFFREY
670 SKETLAND CIRCLE
NOKOMIS FL 34275**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **COODER, WILLIAM**
STREET ADDRESS **3351 SUNSET BEACH DRIVE**
CITY-ST-ZIP **VENICE FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **John Outerbridge**
1.3 STREET ADDRESS **2890 TERN RD**
1.4 CITY-ST-ZIP **VENICE, FL 34293**

TITLE **VD** ☒ DELETE
NAME **OUTERBRIDGE, JOHN**
STREET ADDRESS **2890 TERN ROAD**
CITY-ST-ZIP **VENICE FL**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **Karen Cunningham**
2.3 STREET ADDRESS **750 SUGARWOOD WAY**
2.4 CITY-ST-ZIP **VENICE, FL 34292**

TITLE **TD** ☐ DELETE
NAME **CUNNINGHAM, JEFFREY**
STREET ADDRESS **750 SUGARWOOD WAY**
CITY-ST-ZIP **VENICE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **MCCAY, JEFFREY**
STREET ADDRESS **670 SKETLAND CIRCLE**
CITY-ST-ZIP **NOKOMIS FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **VD** ☐ Change ☒ Addition
5.2 NAME **Brad Morello**
5.3 STREET ADDRESS **3936 COLEMAN RD**
5.4 CITY-ST-ZIP **VENICE, FL 34293**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96

813-492-3160

CR2E037 (12/95)