


FILE NOW: FILING FEE IS \$61.25

FILED  
May 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N50545** (5)  
1. Corporation Name  
**PEOPLES RELIEF PROJECT INC.**

Principal Place of Business <b>380 HARVARD RD VENICE FL 34283 US</b>	Mailing Address <b>670 SHETLAND CIRCLE NOKOMIS FL 34275-1608 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P.O. Box 14 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country
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3. Date Incorporated or Qualified <b>08/24/1992</b>	3a. Date of Last Report <b>04/15/1996</b>
4. FEI Number <b>65-0355021</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MCCAY, JEFFREY  
870 SKETLAND CIRCLE  
NOKOMIS FL 34275**

10. Name and Address of New Registered Agent  
81 Name **GERRY RYAN**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**380 HARVARD RD**  
83  
84 City **VENICE** FL 85 Zip Code **34273**

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

(NOTE: Registered Agent signature required when reinstating)

5/17/97.  
DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	OUTERBRIDGE, JOHN	
STREET ADDRESS	2880 TERN RD	
CITY-ST-ZIP	VENICE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CUNNINGHAM, KAREN	
STREET ADDRESS	750 SUGARWOOD WAY	
CITY-ST-ZIP	VENICE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CUNNINGHAM, JEFFREY	
STREET ADDRESS	750 SUGARWOOD WAY	
CITY-ST-ZIP	VENICE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MCCAY, JEFFREY	
STREET ADDRESS	670 SKETLAND CIRCLE	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MORELLO, BRAD	
STREET ADDRESS	3836 COLEMAN RD	
CITY-ST-ZIP	VENICE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GERRY RYAN	
2.3 STREET ADDRESS	380 HARVARD RD	
2.4 CITY-ST-ZIP	VENICE FL 34273	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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]* Treasurer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0084080

CR2E037 (9/96)