

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000620

FILED
Aug 30, 2004
Secretary of State

Entity Name: PEOPLE HELPING PEOPLE - DISASTER RELIEF, INC.

Current Principal Place of Business:

22 INVERRARY PLACE
ANNANDALE, NJ 08801 US

New Principal Place of Business:

Current Mailing Address:

22 INVERRARY PLACE
ANNANDALE, NJ 08801 US

New Mailing Address:

FEI Number: 65-0369653 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WALLACE, OTIS T
852 SW 3RD ST
FLORIDA CITY, FL 33034 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: DT () Delete
Name: DANIELS, CATHERINE H.
Address: 22 INVERRARY PLACE
City-St-Zip: ANNANDALE, NJ 08801

Title: D () Delete
Name: DEWEY, RONNIE
Address: 6142 NORTH KENMORE #2
City-St-Zip: CHICAGO, IL 60660

Title: DP () Delete
Name: GILLETTE, SUSAN L.
Address: 1204 19TH AVE NE
City-St-Zip: ROCHESTER, MN 55906

Title: DCS () Delete
Name: HADLEY, GARRIAN
Address: 5851 HOLMBERG ROAD, APT. 3723
City-St-Zip: PARKLAND, FL 33067

Title: D () Delete
Name: LUNT-ALBERT, BONNIE
Address: 51 EAST 25TH ST, STE 501
City-St-Zip: NEW YORK, NY 10010

Title: D () Delete
Name: HENRY, JEANNE
Address: 5025 HILLSBORO PIKE APT 23Y
City-St-Zip: NASHVILLE, TN 37215

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DCS (X) Change () Addition
Name: HADLEY, GARRIAN
Address: 525 NORTH TREMAINE STREET
City-St-Zip: MOUNT DORA, FL 32757

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HENRY, JEANNE
Address: 1008 SEYMOUR AVENUE
City-St-Zip: NASHVILLE, TN 37206

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CATHERINE H. DANIELS

DT

08/30/2004

Electronic Signature of Signing Officer or Director

Date