

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000620

FILED  
May 05, 2006  
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)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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: DP ( ) Delete  
Name: GILLETTE, SUSAN L  
Address: 1204 19TH AVENUE N.E.  
City-St-Zip: ROCHESTER, MN 55906

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BONNIE LUNT

D

05/05/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date