


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2008 8:00 am
Secretary of State

07-30-2008 90028 033 ****61.25

DOCUMENT # N93000002095	
1. Entity Name PEOPLE ENGAGED IN ACTIVE COMMUNITY EFFORTS, INC.	

Principal Place of Business 301 1ST AVE SOUTH LAKE WORTH, FL 33460 US	Mailing Address 301 1ST AVE SOUTH LAKE WORTH, FL 33460 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07232008 Chg-NP CR2E037 (12/06)



4. FEI Number 65-0416691	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DUNCOMBE, DONALD REV 301 1ST AVE SOUTH LAKE WORTH, FL 33460		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'MELLO, JOHN	NAME	
STREET ADDRESS	345 S MILITARY TRAIL	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNCOMBE, DONALD REV	NAME	Verona Matthews
STREET ADDRESS	2600 AVE H	STREET ADDRESS	4013 Temple Street
CITY-ST-ZIP	RIVIERA BEACH, FL 33404	CITY-ST-ZIP	West Palm Beach, FL 33407
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BESS, ALEX REV	NAME	Randy Hightower
STREET ADDRESS	4771 PINE KNOTT LANE	STREET ADDRESS	1591 W. 31st Street
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP	Riviera Beach, FL 33404
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEACHER, MARY	NAME	Connie Cooley
STREET ADDRESS	1233 WEST 26 CRT	STREET ADDRESS	74 Cuyahoga Road
CITY-ST-ZIP	RIVIERA BEACH, FL 33404	CITY-ST-ZIP	Lake Worth, FL 33467
TITLE	S <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANUEL, CARLA	NAME	Carla Manuel
STREET ADDRESS	210 7TH STREET APT 3	STREET ADDRESS	210 7th Street Apt. 3
CITY-ST-ZIP	LAKE PARK, FL 33403	CITY-ST-ZIP	Lake Park, FL 33403
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Verona Matthews **7-25-08** **561-881-0403**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #