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FILED
Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000715 (2)**

1. Corporation Name

PEOPLE HELPING PEOPLE WORLDWIDE, INC.

Principal Place of Business

**2700 COOLIDGE AVE.
ORLANDO FL 32804**

Mailing Address

**PO BOX 580097
ORLANDO FL 32858-0097**



3. Date Incorporated or Qualified 02/22/1994	3a. Date of Last Report 04/15/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3233467	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Zip Country	29 Zip Country		

9. Name and Address of Current Registered Agent

**OFORI, EDNA
2078 ASHLAND BLVD
ORLANDO FL 32808**

10. Name and Address of New Registered Agent

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	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDELLAH, DANIEL	1.2 NAME	
STREET ADDRESS	2078 ASHLAND BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32808	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILS-AIME, ANTOINE	2.2 NAME	
STREET ADDRESS	2201 KINGSLAND AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32808	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ANITA	3.2 NAME	
STREET ADDRESS	915 KIRK ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32808	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEICHAUCH, VICTORIA	4.2 NAME	
STREET ADDRESS	4420 NW 4 ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33317	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERNEST, LYDIE	5.2 NAME	
STREET ADDRESS	2406 ASHLAND BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32808	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANFAN, FRANTZ	6.2 NAME	
STREET ADDRESS	1017 W ORANGE RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	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:

Daniel McDeLlah
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/97
Date

407 438 7445
Daytime Phone # 0018095

CR2E037 (9/96)