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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90050 037 \*\*\*\*61.25

DOCUMENT # N96000005573

1. Corporation Name

PEOPLE ENCOURAGING PEOPLE, INC.

Principal Place of Business

% FLORIDA RURAL LEGAL SERVICES INC  
963 E MEMORIAL BLVD  
LAKELAND FL 33801

Mailing Address

% FLORIDA RURAL LEGAL SERVICES INC  
963 E MEMORIAL BLVD  
LAKELAND FL 33801



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/30/1996

4. FEI Number

59-3412114

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

HELWIG, PETER  
% FLORIDA RURAL LEGAL SERVICES INC  
963 E MEMORIAL BLVD.  
LAKELAND FL 33801

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

TITLE D ☒ DELETE  
NAME BOWER, ROSA  
STREET ADDRESS 2161 KUDZA ROAD  
CITY-ST-ZIP W PALM BEACH FL 33415

TITLE D ☐ DELETE  
NAME MCKINSEY, ELLA M  
STREET ADDRESS 614 SE THORNHILL DR  
CITY-ST-ZIP PT ST LUCIE FL 34983

TITLE PD ☐ DELETE  
NAME WILLIS, ROBERT  
STREET ADDRESS 14746 S.W. 171ST AVE  
CITY-ST-ZIP INDIANTOWN FL 34956

TITLE D ☐ DELETE  
NAME DOTSON, JAMES  
STREET ADDRESS 14816 LINCOLN ST.  
CITY-ST-ZIP INDIANTOWN FL 34956

TITLE TD ☐ DELETE  
NAME MITCHELL, KENNETH  
STREET ADDRESS 14797 MARTIN AVE.  
CITY-ST-ZIP INDIANTOWN FL 34956

TITLE SD ☐ DELETE  
NAME HAMILTON, IVORY  
STREET ADDRESS 14938 SW 171 AVE  
CITY-ST-ZIP INDIANTOWN FL 34956

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☐ Change ☒ Addition  
1.2 NAME Wagner Cadet  
1.3 STREET ADDRESS P.O. Box 35  
1.4 CITY-ST-ZIP Indiantown, FL 34956

2.1 TITLE Director ☐ Change ☒ Addition  
2.2 NAME Kenneth Jones  
2.3 STREET ADDRESS 872 SW Monica Street  
2.4 CITY-ST-ZIP Port St. Lucie, FL 34953

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)