# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 13, 2004**
**Secretary of State**

DOCUMENT# N96000005573

**Entity Name:** PEOPLE ENCOURAGING PEOPLE, INC.

**Current Principal Place of Business:**

% FLORIDA RURAL LEGAL SERVICES INC
6700 SOUTH FLORIDA AVENUE #31
LAKELAND, FL 33813

**New Principal Place of Business:**

**Current Mailing Address:**

% FLORIDA RURAL LEGAL SERVICES INC
6700 SOUTH FLORIDA AVENUE #31
LAKELAND, FL 33813

**New Mailing Address:**

**FEI Number: 59-3412114** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HELWIG, PETER
HARRIS & HELWIG, P.A.
6700 SOUTH FLORIDA AVENUE #31
LAKELAND, FL 33813 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: | D | ( ) Delete |
| Name: | CADET, WAGNER | |
| Address: | P.O. BOX 35 | |
| City-St-Zip: | INDIANTOWN, FL 34956 | |
| Title: | D | ( ) Delete |
| Name: | MCKINSEY, ELLA M | |
| Address: | 614 SE THORNHILL DR | |
| City-St-Zip: | PT ST LUCIE, FL 34983 | |
| Title: | PD | ( ) Delete |
| Name: | WILLIS, ROBERT | |
| Address: | 14746 S.W. 171ST AVE | |
| City-St-Zip: | INDIANTOWN, FL 34956 | |
| Title: | D | ( ) Delete |
| Name: | DOTSON, JAMES | |
| Address: | 14816 LINCOLN ST. | |
| City-St-Zip: | INDIANTOWN, FL 34956 | |
| Title: | TD | ( ) Delete |
| Name: | MITCHELL, KENNETH | |
| Address: | 14797 MARTIN AVE. | |
| City-St-Zip: | INDIANTOWN, FL 34956 | |
| Title: | SD | ( ) Delete |
| Name: | HAMILTON, IVORY | |
| Address: | 14938 SW 171 AVE | |
| City-St-Zip: | INDIANTOWN, FL 34956 | |

**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: | |
| 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 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: ROBERT WILLIS PD 07/13/2004
Electronic Signature of Signing Officer or Director — Date