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Jun 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002853

1. Corporation Name
People Helping People Outreach Evangelical Ministries
/Mission, Inc.

Principal Place of Business 1799 NE 164th Street Miami, FL. 33162	Mailing Address 928 NW 65th Street Miami, Florida 33150
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3. Date Incorporated or Qualified

May 15, 1997

4. FEI Number

65-0758531

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1799 NE 164th St.

26 Suite, Apt. #, etc.

22 Ste. 117

27 City & State

23 Miami, Florida

28 City & State

24 33162

25 Dade

29

30

5. Certificate of Status Desired

XX

\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Andre R. France (D)
928 NW 65th Street
Miami, Florida 33150

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	President (D)	<input type="checkbox"/> DELETE
NAME	Andre R. France	
STREET ADDRESS	928 NW 65th Street	
CITY-ST-ZIP	Miami, Florida 33150	

TITLE	Vice President (D)	<input type="checkbox"/> DELETE
NAME	Thelma E. France	
STREET ADDRESS	928 Northwest 65th Street	
CITY-ST-ZIP	Miami, Florida 33150	

TITLE	Secretary (D)	<input type="checkbox"/> DELETE
NAME	Alissa K. Gibson	
STREET ADDRESS	6504 SW 57th Ct. #1	
CITY-ST-ZIP	Miami, FL. 33139	

TITLE	Catherine Copeland (Treasurer)	<input checked="" type="checkbox"/> DELETE
NAME	1727 NW 50th Street	
STREET ADDRESS	Miami, Florida 33142	
CITY-ST-ZIP		

TITLE	II Vice President	<input type="checkbox"/> DELETE
NAME	Robert G. Hunt (D)	
STREET ADDRESS	2350 NW 54th Street	
CITY-ST-ZIP	Miami, Florida 33142	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James Aldridge	
1.3 STREET ADDRESS	3250 NW 173rd Terrace	
1.4 CITY-ST-ZIP	Miami, Florida 33055	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mary L. Bentley	
3.3 STREET ADDRESS	6261 SW 59th Place	
3.4 CITY-ST-ZIP	Miami, Florida 33143	

4.1 TITLE	Acting Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Thelma E. France	
4.3 STREET ADDRESS	928 NW 65th Street	
4.4 CITY-ST-ZIP	Miami, Florida 33150	

5.1 TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Allison Fulton	
5.3 STREET ADDRESS	1169 NW 65th Street	
5.4 CITY-ST-ZIP	Miami, Florida 33150	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Andre R. France, President 4-27-98 (305) 759-2427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)