

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002853

1. Entity Name

PEOPLE HELPING PEOPLE OUTREACH EVANGELISM MINISTR

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90112 045 \*\*\*\*70.00

Principal Place of Business

Mailing Address

88 N.W. 54 ST  
MIAMI FL 33127

301 N.W. 22ND ST 104  
MIAMI FL 33127-4701

2. Principal Place of Business

271 N.W. 21st Street

3. Mailing Address

301 N.W. 22nd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33127

Country

Zip

33127

Country

4. FEI Number

65-0758531

Applied For

Not Applicable

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

FRANCE, ANDRE R  
301 N.W. 22ND ST 104  
MIAMI FL 33127

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME FRANCE, ANDRE R  
STREET ADDRESS 301 N.W. 22ND ST 104  
CITY-ST-ZIP MIAMI FL 33150

TITLE Clerk ☐ Change ☒ Addition  
NAME Roselyn Rolle  
STREET ADDRESS 268 N.W. 11th St. #216  
CITY-ST-ZIP MIAMI, FL. 33136

TITLE VD ☐ Delete  
NAME FRANCE, THELMA E  
STREET ADDRESS 301 N.W. 22ND ST 104  
CITY-ST-ZIP MIAMI FL 33150

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME GIBSON, ALISSA K  
STREET ADDRESS 6504 SW 57TH CT, #1  
CITY-ST-ZIP MIAMI FL 33139

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☒ Delete  
NAME HUNT, ROBERT G  
STREET ADDRESS 2350 NW 54TH ST  
CITY-ST-ZIP MIAMI FL 33142

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME ALDRIDGE, JAMES  
STREET ADDRESS 3250 NW 173RD TERR.  
CITY-ST-ZIP MIAMI FL 33055

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME BENTLEY, MARY L  
STREET ADDRESS 6281 SW 59TH PL  
CITY-ST-ZIP MIAMI FL 33143

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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: X *Signature*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2000 (305) 573-7769  
Date Daytime Phone #

CR2E037 (9/99)