

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90405 015 ****61.25

DOCUMENT # N97000002853

1. Entity Name

PEOPLE HELPING PEOPLE OUTREACH EVANGLISM MINISTR

Principal Place of Business

271 NW 21ST ST
 MIAMI FL 33127

Mailing Address

301 N.W. 22ND ST #104
 MIAMI FL 33127

2. Principal Place of Business

4506 N.W. 27th Avenue
 Suite, Apt. #, etc.

3. Mailing Address

301 N.W. 22nd Street #104
 Suite, Apt. #, etc.

City & State

MIAMI, Florida

City & State

FL

4. FEI Number

65-0758531

Applied For

Not Applicable

Zip

33142

Country

U.S.A.

Zip

33127

Country

U.S.A.

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	<input type="checkbox"/> Delete
NAME	FRANCE, ANDRE R	
STREET ADDRESS	301 N.W. 22ND ST 104	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FRANCE, THELMA E	
STREET ADDRESS	301 N.W. 22ND ST 104	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GIBSON, ALISSA K	
STREET ADDRESS	6504 SW 57TH CT, #1	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	ROLLE, ROSELYN	
STREET ADDRESS	268 NW 11TH ST #216	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ALDRIDGE, JAMES	
STREET ADDRESS	3250 NW 173RD TERR.	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	T	<input type="checkbox"/> Delete
NAME	BENTLEY, MARY L	
STREET ADDRESS	6261 SW 59TH PL	
CITY-ST-ZIP	MIAMI FL 33143	

TITLE	clerk	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rebecca Cooley	
STREET ADDRESS	536 S.W. 4th street #10	
CITY-ST-ZIP	MIAMI, FL. 33130	
TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Hunt	
STREET ADDRESS	2350 N.W. 54th St #611	
CITY-ST-ZIP	MIAMI, FL. 33142	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alissa K. Gibson	
STREET ADDRESS	1091 N.W. 7th Ct. #202	
CITY-ST-ZIP	MIAMI, FL. 33136	
TITLE	clerk	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P. Cooley	
STREET ADDRESS	536 S.W. 4th St. #10	
CITY-ST-ZIP	MIAMI, FL. 33130	
TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lucille Cooley	
STREET ADDRESS	536 S.W. 4th St. #10	
CITY-ST-ZIP	MIAMI, FL. 33130	
TITLE	Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Bentley	
STREET ADDRESS	301 N.W. 22nd St. #203	
CITY-ST-ZIP	MIAMI, FL. 33127	

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: *[Signature]*

MAV 9 2001 305 523
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CR2E037 (10/00)