

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/13

FILED

Jun 29, 2000 8:00 am  
Secretary of State

04-13-2000 90103 006 \*\*\*\*61.25

DOCUMENT # N99000003015

1. Entity Name

ST. JOHNS COUNTY PEOPLE HELPING PEOPLE, INC.

Principal Place of Business

1080 PURYEAR STREET  
ST. AUGUSTINE FL 32095

Mailing Address

1080 PURYEAR STREET  
ST. AUGUSTINE FL 32095-0718

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

R

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3652128

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WASHINGTON, EDWARD C

1080 PURYEAR STREET  
ST. AUGUSTINE FL 32095

7. Name and Address of New Registered Agent

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 fee 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

TITLE	P	<input type="checkbox"/> Delete
NAME	KILLION, ROOSEVELT	
STREET ADDRESS	P.O. BOX 293	
CITY-ST-ZIP	HASTINGS FL 32145	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WISE, LULA	
STREET ADDRESS	820 W 3RD STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	1	<input type="checkbox"/> Delete
NAME	WASHINGTON, EDWARD C	
STREET ADDRESS	1080 PURYEAR STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LULA WISE	
STREET ADDRESS	820 W 3RD STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNNIE VAN	
STREET ADDRESS	56 SPRING ST	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SARAH WILLIAMS	
STREET ADDRESS	744 WEST 3RD STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

EDWARD C WASHINGTON

Date

Daytime Phone #

037 (9/99)