

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 15, 2004 8:00 am**  
**Secretary of State**

07-15-2004 90005 025 \*\*\*\*70.00

**DOCUMENT # N99000003015**

1. Entity Name

ST. JOHNS COUNTY PEOPLE HELPING PEOPLE, INC.



Principal Place of Business

1080 PURYEAR ST  
ST. AUGUSTINE FL 32095

Mailing Address

1080 PURYEAR ST  
ST. AUGUSTINE FL 32095

**54062504**



MOORE

CR2E037 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3652128

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WASHINGTON, EDWARD C  
1080 PURYEAR STREET  
ST. AUGUSTINE FL 32095

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

TITLE P  
NAME KILLION, ROOSEVELT ☒ Delete  
STREET ADDRESS P.O. BOX 293  
CITY-ST-ZIP HASTINGS FL 32145

TITLE P  
NAME VPD  
NAME WISE, LULA ☐ Delete  
STREET ADDRESS 820 W 3RD STREET  
CITY-ST-ZIP ST. AUGUSTINE FL 32095

TITLE TD  
NAME VAN-JOHNAGO ☐ Delete  
STREET ADDRESS 56TH SPRING STREET  
CITY-ST-ZIP ST. AUGUSTINE FL 32095

TITLE SD  
NAME HILMAN, SARAH ☐ Delete  
STREET ADDRESS 749 WEST 3RD STREET  
CITY-ST-ZIP SAINT AUGUSTINE FL 32095

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE #P. Ruth Steeter ☐ Change ☒ Addition  
NAME 8 Madison Street  
STREET ADDRESS  
CITY-ST-ZIP St. Augustine Fla

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

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

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

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

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/04

904 8105440

Date

Daytime Phone #