

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2005 8:00 am
Secretary of State

06-22-2005 90078 015 ****70.00

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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**



06152005 No Chg-NP CR2E037 (10/03)

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**

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	STREETER, RUTH
STREET ADDRESS	MADISON ST
CITY-ST-ZIP	ST AUGUSTINE, FL
TITLE	PD
NAME	WISE, LULA
STREET ADDRESS	820 W 3RD STREET
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095
TITLE	TD
NAME	VAN, JOHNAJO
STREET ADDRESS	56TH SPRING STREET
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095
TITLE	SD
NAME	HILMAN, SARAH
STREET ADDRESS	749 WEST 3RD STREET
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32095
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Ed C. Way

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/05

Date

904 8105440

Daytime Phone #