

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90166 002 ****70.00

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**

2. Principal Place of Business
1080 Puryear Street

Suite, Apt. #, etc.
ST. AUGUSTINE FL 32095

3. Mailing Address
1080 Puryear Street

Suite, Apt. #, etc.
ST. AUGUSTINE FL 32095

City & State

City & State

Zip Country

Zip Country

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. 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

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

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

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

TITLE **SD** ☐ Delete
NAME **HILMAN, SARAH**
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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 REQUIRED

4/22/03

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CR2E037 (10/02)