

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005469

FILED
Feb 13, 2009
Secretary of State

Entity Name: PEOPLE HELPING PEOPLE OF PINELLAS PARK, INC.

Current Principal Place of Business:

6545 64TH WAY N
PINELLAS PARK, FL 33781

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 473
PINELLAS PARK, FL 33780

New Mailing Address:

FEI Number: 59-3607774

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REYNOLDS, THOMAS E ESQ.
535 CENTRAL AVE
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCAVELLI, MICHAEL
Address: 6861 59 S TR.
City-St-Zip: PINELLAS PARK, FL 33781

Title: D () Delete
Name: VISION, ALAN G
Address: 8201 58TH STREET NORTH
City-St-Zip: PINELLAS PARK, FL 33781

Title: D () Delete
Name: COPENHAVER, DENNIS R
Address: 10030 61ST WAY NORTH
City-St-Zip: PINELLAS PARK, FL 33782

Title: D () Delete
Name: PERRY, LUANNE
Address: 6545 64TH WAY N
City-St-Zip: PINELLAS PARK, FL 33781

Title: D () Delete
Name: GARNER, JERRY
Address: 8072 ROSE TERR
City-St-Zip: SEMINOLE, FL 33777

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: THRUMSTON, JACK
Address: 9648 56TH STREET
City-St-Zip: PINELLAS PARK, FL 33782

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HILL, MARC R
Address: 1861 PINE CONE CIRCLE
City-St-Zip: CLEARWATER, FL 33760

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: LAWRENCE, THOMAS
Address: 2040 AARON PLACE
City-St-Zip: CLEARWATER, FL 33760

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUANNE M. PERRY

SECR

02/13/2009

Electronic Signature of Signing Officer or Director

Date