

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000007395

**FILED**  
**Jan 09, 2014**  
**Secretary of State**  
**CC8291756281**

**Entity Name:** PEOPLE IN NEED OF SERVICES, INC.

**Current Principal Place of Business:**

500 TOMOKA ROAD  
DAYTONA BEACH, FL 32114

**Current Mailing Address:**

PO BOX 1002  
NEW SMYRNA BEACH, FL 32170

**FEI Number: 04-3821602**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

*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

**Officer/Director Detail :**

Title            DP  
Name            WILLIAMS, VICKIE  
Address        500 TOMOKA ROAD  
City-State-Zip: DAYTONA BEACH, FL 32114

Title            DV/T  
Name            CANADY, JOHNNIE L  
Address        11101 LYMESTONE COURT  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title            DS  
Name            WASHINGTON, CLARA  
Address        211 NORTH DUSS STREET  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title            D  
Name            WILLIAMS, DURAN  
Address        500 TOMOKA ROAD  
City-State-Zip: DAYTONA BEACH FL 32114

*I hereby 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 all other like empowered.*

**SIGNATURE: VICKIE WILLIAMS**

**DIRECTOR/PRESIDENT**

**01/09/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date