

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91330 006 ****70.00

DOCUMENT # N00000000492

1. Entity Name
**HEALTH AND EDUCATIONAL RELIEF FOR GUYANA,
INC.**



Principal Place of Business
**1605 GROVELAND HILLS DR
TALLAHASSEE, FL 32317**

Mailing Address
~~**921 AUDREY CT
TALLAHASSEE, FL 32311**~~

2. Principal Place of Business

3. Mailing Address
1605 Groveland Hills Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Tallahassee, Florida

Zip

Country

Zip

Country

32317

leon

4. FEI Number

31-1719181

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SAMPSON, WAYNE
1605 GROVELAND HILLS DR
TALLAHASSEE, FL 32317**

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's 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
SAMPSON, WAYNE
921 AUDREY ST.
TALLAHASSEE, FL 32311** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WARD, ANIKA
2935-A WOODRICH DR
TALLAHASSEE, FL 32301** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BURNS, BAKARI
310 LANCASTER DRIVE
TALLAHASSEE, FL 32304** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PETTAWAY, LAVERN ARNP
3891 N. TAMARISK AVENUE
BEVERLY HILLS, FL 34465** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BALY, WILLIAM M.D.
1802 BELLE CHEZ
MT. PLEASANT, SC 29464** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
OUDREK, COLLIE M.D.
1072 LINCOLN PLACE
BROOKLYN, NY 11213** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Michelle Wan
1381 miss creek circle
Tallahassee fl 32317** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Selik A. Sampson
1605 Groveland Hills Dr
Tallahassee FL 32317** ☐ Change ☒ Addition

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

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

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

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:

Wayne Sampson

4.28.03

850-878-0625

CR2E037 (10/02)