

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001213

FILED  
Mar 20, 2009  
Secretary of State

**Entity Name:** HEALTH AND EDUCATION LOVE PROJECT INC.

**Current Principal Place of Business:**

18493 NW 22ND STREET  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

18493 NW 22ND STREET  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

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

TELLA, OLUYINKA  
18493 NW 22ND STREET  
PEMBROKE PINES, FL 33029 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TELLA, OLUYINKA  
Address: 18493 NW 22ND STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP ( ) Delete  
Name: TELLA, LYDIA S  
Address: 18493 NW 22ND STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: OLUYINKA

PRES

03/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date