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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09, 1999 8:00 am
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1. Corporation Name

HEALTH EDUCATION AND COMMUNITY RESOURCE, INC.

Principal Place of Business	Mailing Address
3160 WEST EDGEWOOD AVE. JACKSONVILLE FL	8370 EARL CIRCLE WEST JACKSONVILLE FL 32219

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	02/25/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number ☐ Applied For ☑ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DICKERSON, ZELMA D 8370 EARL CIRCLE WEST JACKSONVILLE FL 32219	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Zelma Dickerson		1.2 NAME	
STREET ADDRESS	8370 EARL Circle W		1.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32219		1.4 CITY-ST-ZIP	
TITLE	Vice President	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Vincent Dickerson		2.2 NAME	
STREET ADDRESS	8370 EARL Circle West		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32219		2.4 CITY-ST-ZIP	
TITLE	Secretary	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Chonita Conner		3.2 NAME	
STREET ADDRESS	110 EAST 16th Street		3.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32206		3.4. CITY-ST-ZIP	
TITLE	Treasurer	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Gladys Lewis		4. 2 NAME	
STREET ADDRESS	9356 Norfolk Blvd,		4.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32208		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Zelma Dickerson SIGNATURE REQUIRED (Zelma Dickerson) 3/1/99 (904) 764048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #