2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004
Secretary of State

DOCUMENT# N98000001126

Entity Name: HEALTH EDUCATION AND COMMUNITY RESOURCE, INC.

Current Principal Place of Business:

8370 EARL CIRCLE W
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

8370 EARL CIRCLE WEST
JACKSONVILLE, FL 32219

New Mailing Address:

FEI Number: 59-3594490 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DICKERSON, ZELMA D
8370 EARL CIRCLE WEST
JACKSONVILLE, FL 32219 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: P ( ) Delete
Name: DICKERSON, ZELMA
Address: 8370 EARE CIRCLE W.
City-St-Zip: JACKSONVILLE, FL 32219

Title: VPD ( ) Delete
Name: DICKERSON, VINCENT
Address: 8370 E AVE CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32219

Title: TD ( ) Delete
Name: MILLS, GLENN
Address: 1646 W 45TH STREET
City-St-Zip: JACKSONVILLE, FL 32208

Title: TD ( ) Delete
Name: SHAHID, RASHAD
Address: 9356 NORFOLK BLVD.
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DICKERSON, ZELMA
Address: 8370 EARL CIRCLE W.
City-St-Zip: JACKSONVILLE, FL 32219

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

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 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 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: ZELMA DICKERSON P 04/05/2004

Electronic Signature of Signing Officer or Director — Date