## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000001126

FILED Apr 15, 2009 Secretary of State

Entity Name: HEALTH EDUCATION AND COMMUNITY RESOURCE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 8370 EARL CIRCLE W JACKSONVILLE, FL 32219 **Current Mailing Address: New Mailing Address:** 8370 EARL CIRCLE WEST 8370 EARL CIRCLE W JACKSONVILLE, FL 32219 JACKSONVILLE, FL 32219 FEI Number: 59-3594490 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DICKERSON, ZELMA D 8370 EARL CIRCLE WEST US JACKSONVILLE, FL 32219 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition DICKERSON, ZELMA Name: Name: 8370 EARL CIRCLE W. Address: Address: City-St-Zip: JACKSONVILLE, FL 32219 US City-St-Zip: Title: () Delete Title: () Change () Addition DICKERSON, VINCENT Name: Name: Address: 8370 EARL CIRCLE WEST Address: City-St-Zip: JACKSONVILLE, FL 32219 US City-St-Zip: Title: CD () Delete Title: () Change () Addition BELL, LETESHIA Name: Name: 4756 POST STREET Address: Address: City-St-Zip: JACKSONVILLE, FL 32205 US City-St-Zip: Title: SD (X) Delete Title: () Change () Addition Name: GUINE, NAITA Name: 10524 FAIRLANE DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32218 US City-St-Zip: Title: () Delete Title: () Change () Addition HERRING, JOY Name: Name: 870 CORSICA LANE Address: Address: City-St-Zip: JACKSONVILLE, FL 32218 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: ZELMA D. DICKERSON P 04/15/2009