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

U	NIFORM BUSINE	SS REPORT	(UBF	₹)		r 21, 2003			Š
DOCUMENT # N9800001126 1. Entity Name					Secretary of State 04-21-2003 90443 042 ****61.25				
HEALTH	EDUCATION AND COMMUNIT	Y RESOURCE, INC.	[5]		4				
Principal Place of Business		Mailing Address							
3160 WEST E JACKSONVILL	DGEWOOD AVE. E FL	8370 EARL CIRCLE WEST JACKSONVILLE FL 32219							
2. Principal F	Place of Business	3. Mailing Address							
8370 EARL Circle W.						13) 4840 55 00 8800 8800 8840 88		(010 0 16) (1001	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				HECK HERE IF MAKING	CHANGES		
JACKSONUILE, FL		City & State			4. FEI Number NOT APPLICABLE Applied For Not Applicable]		
Zip 3221	Country	Zip	Country	ಭಾರು ಕ್ಷ	5. Certificate of Sta	itus Desired			1.
30,0,1	6. Name and Address of Current F	Registered Agent				ess of New Registered A			1
DICKERS	SON, ZELMA D	Name Steet Adde			DO Pay Number is N	ot Agnantable)			-
8370 EARL CIRCLE WEST			Sire	Street Address (P.O. Box Number is Not Acceptable)					}
JACKSU	NVILLE FL 32219		City	 	'	FL	Zip Cod	e	-
	named entity submits this statement for	the purpose of changing its re	gistered office	ce or register	ed agent, or both, in t	he State of Florida. I am fa	amiliar with,	and accept	1
the congai	tions of registered agent.								
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent	signature required	when reinstating)	DATE			
			<u> </u>						1
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 DIR		11,		ADDITIONS/CHANGE	S TO OFFICERS AND DIF			1
TITLE NAME	P DICKERSON, ZELMA	☐ Delete	title Name				☐ Change	Addition	10/02
STREET ADDRESS CITY-ST-ZIP	8370 EARE CIRCLE W. JACKSONVILLE FL 32219		STREET ADOR	ESS					E037 (10/02)
TITLE	VPD	☐ Delete	TITLE				☐ Change	Addition	뛶
NAME STREET ADDRESS	DICKERSON, VINCENT 8370 E AVE CIRCLE WEST		NAME STREET ADDR	ESŞ					-
CITY-ST-ZIP	JACKSONVILLE FL 32219 TD		CITY-ST-ZIP		· · · -		Change		}
NAME	MILLS, GLENN	☐ Delete	TITLE NAME				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	1646 W 45TH STREET JACKSONVILLE FL 32208		STREET ADDR CITY-ST-ZIP	ESS					
TITLE	Τ	☐ Delete	TITLE				☐ Change	Addition	1
NAME STREET ADDRESS	Shahid, rashad 9356 Norfolk Blvd.		NAME Street Addr	ESS					
CITY-ST-ZIP	JACKSONVILLE FL 32208		CITY-ST-ZIP		-		Channe	[] Addition	}
NAME		☐ Delete	name				Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDR	ESS					
TITLE		☐ Delete	TITLE			t.	☐ Change	Addition	1
NAME STREET ADDRESS			NAME Street Addri	ESS		- -			

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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

STERIOTHERE REZIEVAZODICKERSON

4/18/03 (904)764-0483