

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Feb 19, 1999 8:00 am**  
**Secretary of State**

02-19-1999 90012 010 \*\*\*\*70.00

**DOCUMENT # N15775**

1. Corporation Name

**EVERGLADES AREA HEALTH EDUCATION CENTER, INC.**

Principal Place of Business

4450 S. TIFFANY DRIVE  
W. PALM BEACH FL 33407

Mailing Address

4450 S. TIFFANY DRIVE  
W. PALM BEACH FL 33407



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

07/09/1986

4. FEI Number

~~59-2740528~~ 59-2740588

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

PETERS, JOSEPH.  
4450 S. TIFFANY DRIVE  
W. PALM BEACH FL 33407

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

☐ DELETE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

TITLE PD  
NAME AKIN, RICHARD  
STREET ADDRESS 1454 MADISON AVENUE  
CITY-ST-ZIP IMMOKALEE FL 33934

TITLE VD  
NAME BROWN, EDWIN  
STREET ADDRESS 4450 S. TIFFANY DRIVE  
CITY-ST-ZIP W. PALM BEACH FL 33407

TITLE D  
NAME VILLA, MARIA D O  
STREET ADDRESS 391 LEE BLVD  
CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE D  
NAME FOSTER, ROSEBUD RD., ED.  
STREET ADDRESS 11041 S.W. 128TH AVENUE  
CITY-ST-ZIP MIAMI FL 33186

TITLE D  
NAME HERNANDEZ, ELIZABETH  
STREET ADDRESS 38754 STATE ROAD 80  
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STD

ROBERT TRENSCHEL, D.O.

38754 STATE ROAD 80  
BELLE GLADE, FL 33430

D

ELIZABETH HERNANDEZ

1500 N.W. AVENUE L  
BELLE GLADE, FL 33430

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99

(561)

844 9443

CR2E037 (11/98)