

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000000492

**Entity Name:** HEALTH & EDUCATIONAL RELIEF ORGANIZATION, INC.**Current Principal Place of Business:**883 FLATBUSH AVE  
2ND FL  
BROOKLYN, NY 11226**Current Mailing Address:**1605 GROVELAND HILLS DR.  
TALLAHASSEE, FL 32317 US**FEI Number:** 31-1719181**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SAMPSON, WAYNE  
1605 GROVELAND HILLS DR  
TALLAHASSEE, FL 32317 US*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

**Officer/Director Detail :**

Title	PRESIDENT
Name	MITCHELL, JOHN DR.
Address	2 CAROLINE CT
City-State-Zip:	NORTH BABYLON NY 11703

Title	D
Name	SAMPSON, WAYNE
Address	1605 GROVELAND HILLS DR
City-State-Zip:	TALLAHASSEE FL 32317

Title	DIRECTOR
Name	WAN, MICHELLE DR.
Address	1104 WIMBERLY RD. NE
City-State-Zip:	ATLANTA GA 30319

Title	DIRECTOR
Name	CORT, KENRICK
Address	883 FLATBUSH AVE
City-State-Zip:	BROOKLYN NY 11226

Title	TREASURER
Name	OUDKERK, COLLIE A DR.
Address	1072 LINCOLN PLACE
City-State-Zip:	BROOKLYN NY 11213

Title	EXECUTIVE SECRETARY
Name	KING, IESHA
Address	883 FLATBUSH AVE
City-State-Zip:	BROOKLYN FL 11226

I hereby 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 all other like empowered.

**SIGNATURE:** WAYNE SAMPSON**DIRECTOR****04/14/2018**

Electronic Signature of Signing Officer/Director Detail

Date