

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N00000000793

**Entity Name:** HEALTH AND LIFE EDUCATIONAL ENTERPRISES, INC.

**Current Principal Place of Business:**

4440 PGA BOULEVARD SUITE 600  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

842 NW GREENWICH COURT  
PORT ST. LUCIE , FL 34983 US

**FEI Number:** 65-0970845

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROSE, TERRI  
842 NW GREENWICH COURT  
PORT ST LUCIE , FL 34983 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 CEO  
Name ROSE, TERRI CUNNINGHAM  
Address 842 NW GREENWICH COURT  
City-State-Zip: PORT ST. LUCIE FL 34983

Title TREASURER  
Name MOSES, CAROLYN MACK  
Address 47 TARA LAKES DRIVE EAST  
City-State-Zip: BOYNTON BEACH FL 33436

Title OFFICER/DIRECTOR  
Name HILDRETH, MICHELLE  
Address 1515 4TH STREET NORTH EAST  
APT. D-3  
City-State-Zip: MOULTRIE GA 31768

Title SECRETARY  
Name GIAMANCO, OLIVIA ANNA  
Address 4784 SOUTH CENTRAL BOULEVARD  
APT. 12  
City-State-Zip: JUPITER FL 33458

Title OFFICER/DIRECTOR  
Name SMITH, HEIDI  
Address 3863 ROAN COURT WEST  
City-State-Zip: WEST PALM BEACH FL 33403

*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:** TERRI CUNNINGHAM ROSE

**CEO/EXECUTIVE  
DIRECTOR**

**09/16/2023**

Electronic Signature of Signing Officer/Director Detail

Date