

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000492

FILED
Feb 18, 2009
Secretary of State

Entity Name: HEALTH AND EDUCATIONAL RELIEF FOR GUYANA, INC.

Current Principal Place of Business:

245-07 FRANCES LEWIS BLVD.
ROSEDALE, NY 11422

New Principal Place of Business:

Current Mailing Address:

245-07 FRANCES LEWIS BLVD
ROSEDALE, NY 11422

New Mailing Address:

FEI Number: 31-1719181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMPSON, WAYNE
1605 GROVELAND HILLS DR
TALLAHASSEE, FL 32317 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: SAMPSON, WAYNE
Address: 1605 GROVELAND HILLS DR
City-St-Zip: TALLAHASSEE, FL 32317

Title: D () Delete
Name: MITCHELL, JOHN
Address: 245-07 FRANCES LEWIS BLVD.
City-St-Zip: ROSEDALE, NY 11422

Title: D () Delete
Name: ADRIAN, TYNDALL M.D.
Address: 1072 LINCOLN PL
City-St-Zip: BROOKLYN, NY 11213

Title: SD () Delete
Name: WAN, MICHELLE
Address: 1381 CROSS CREEK LN
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: CORT, KENRICK
Address: 883 FLATBUSH AVE
City-St-Zip: BROOKLYN, NY 11226

Title: TD () Delete
Name: OUDREK, COLLIE M.D.
Address: 1072 LINCOLN PLACE
City-St-Zip: BROOKLYN, NY 11213

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SAMPSON, WAYNE
Address: 1605 GROVELAND HILLS DR
City-St-Zip: TALLAHASSEE, FL 32317

Title: P (X) Change () Addition
Name: MITCHELL, JOHN
Address: 245-07 FRANCES LEWIS BLVD.
City-St-Zip: ROSEDALE, NY 11422

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: WAN, MICHELLE
Address: 1381 CROSS CREEK LN
City-St-Zip: TALLAHASSEE, FL 32301

Title: SD (X) Change () Addition
Name: CORT, KENRICK
Address: 883 FLATBUSH AVE
City-St-Zip: BROOKLYN, NY 11226

Title: () Change () Addition
Name:
Address:
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: WAYNE SAMPSON

D

02/18/2009

Electronic Signature of Signing Officer or Director

Date