


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90116 001 ****61.25
02-04-2004 90116 002 *****8.75

| | |
|---|---|
| DOCUMENT # N00000004350 |  |
| 1. Entity Name SUMMIT COMMUNITY HEALTH EDUCATION CENTER INCORPORATED | |

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| Principal Place of Business 615 NE 160TH TERRACE MIAMI FL 33162 | Mailing Address 615 NE 160TH TERRACE MIAMI FL 33162 |
|--|--|

| | |
|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|-------------------------|-------------------------|
| City & State | City & State |
| Zip | Country |

| | |
|---|---|
| 4. FEI Number 65-1032190 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |



MOORE CR2E037 (11/03)

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| 6. Name and Address of Current Registered Agent AUGUSTIN, FELIX PIERRE 615 NE 160TH TERR MIAMI FL 33162 |
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| 7. Name and Address of New Registered Agent |
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| FL Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Felix Pierre Augustin Paula S. Sumpf 01-30-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
|--|--|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|--|--|

| 10. OFFICERS AND DIRECTORS | | | | | | | | | | | | | |
|--|---|--|---------------------------------|--|---------------------------------|---|--|--|--|--|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <table border="1"> <tr> <td>EXD CHALRES, LESLY 4720 SW 153RD TERRACE MIRAMAR FL 33027</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>VSD AUGUSTIN, FELIX P 615 NE 160TH TERRACE MIAMI FL 33162</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>DBD OCEAN, WILLY 615 NE 160TH TERRACE MIAMI FL 33162</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>DBD LINDOR, MARIE F 16850 SOUTH GLADE DR. #411 N MIAMI BEACH FL 33135</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>DBD JEAN, JOSEPH KARL 13455 SW 3RD ROAD #S208 PEMBROKE PINES FL 33024</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> </tr> </table> | EXD CHALRES, LESLY 4720 SW 153RD TERRACE MIRAMAR FL 33027 | <input type="checkbox"/> Delete | VSD AUGUSTIN, FELIX P 615 NE 160TH TERRACE MIAMI FL 33162 | <input type="checkbox"/> Delete | DBD OCEAN, WILLY 615 NE 160TH TERRACE MIAMI FL 33162 | <input checked="" type="checkbox"/> Delete | DBD LINDOR, MARIE F 16850 SOUTH GLADE DR. #411 N MIAMI BEACH FL 33135 | <input checked="" type="checkbox"/> Delete | DBD JEAN, JOSEPH KARL 13455 SW 3RD ROAD #S208 PEMBROKE PINES FL 33024 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | | | | | | | | | |
|--|--|--|---|---|---|--|--|--|--|---|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <table border="1"> <tr> <td>DRA. Helene Augustin 615 N.E. 160TH TERR Miami FL. 33162</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition President</td> </tr> <tr> <td>ERNEST Belony 1185 N.W. 87TH ST Miami FL. 33162</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition Vice-President</td> </tr> <tr> <td>Felix Pierre Augustin 615 N.E. 160TH TERR. Miami FL. 33162</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition SECR./TREASURER</td> </tr> <tr> <td>LESly Charles 4720 SW 153 Rd. TERR Miramar FL. 33027</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Member</td> </tr> <tr> <td>MARIE Anne Frederique 615 N.E. 160TH TERR. Miami FL 33162</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Member</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table> | DRA. Helene Augustin 615 N.E. 160TH TERR Miami FL. 33162 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition President | ERNEST Belony 1185 N.W. 87TH ST Miami FL. 33162 | <input type="checkbox"/> Change <input type="checkbox"/> Addition Vice-President | Felix Pierre Augustin 615 N.E. 160TH TERR. Miami FL. 33162 | <input type="checkbox"/> Change <input type="checkbox"/> Addition SECR./TREASURER | LESly Charles 4720 SW 153 Rd. TERR Miramar FL. 33027 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Member | MARIE Anne Frederique 615 N.E. 160TH TERR. Miami FL 33162 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Member | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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.

SIGNATURE: DRA. Helene Augustin x Marie Anne Frederique 01-30-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #