
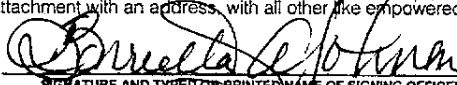


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000002738 1. Entity Name HEALTH EDUCATION ADVOCATORS RESOURCE TEAM, INC.					
Principal Place of Business 132 S.W. AVENUE "B" BELLE GLADE FL 33430			Mailing Address 132 S.W. AVENUE "B" BELLE GLADE FL 33430		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number 04-3604978
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent JOHNSON, HENRIETTA A 130 SW AVE B BELLE GLADE FL 33430			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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	<div style="display: flex; justify-content: space-between;"> <div> D SINGLETAR, ROY 250 SOUTH LAKE AVE PAHOKEE FL 33476 </div> <div> <input type="checkbox"/> Delete </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> D KOBLE, GRACE WORKING ON WELLNESS WELLINGTON FL 33411 </div> <div> <input type="checkbox"/> Delete </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> D BAKER, BETTY 38754 STATE RD. 80 BELLE GLADE FL 33430 </div> <div> <input type="checkbox"/> Delete </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> D HALE, JULIA 565 FRIEND TER PAHOKEE FL 33476 </div> <div> <input type="checkbox"/> Delete </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> D LEWIS, JANET 38754 STATE ROAD BELLE GLADE FL 33430 </div> <div> <input type="checkbox"/> Delete </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Delete </div> </div>				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> <div> U000000030090 02/04/04-80095-003 70.00 </div> </div>					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  1/23/04					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



MOORE CR2E037 (11/03)