2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2005 8:00 am
Secretary of State
06-29-2005 90003 011 ****70.00

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1. Entity Name
HEALTH EDUCATION ADVOCATORS RESOURCE TEAM, INC.

50054090

Principal Place of Business	Mailing Address
899 Padgett Circle Pahokee, Florida 33476	899 Padgett Circle Pahokee, Florida 33476

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05312005 Chg-NP CR2E037 (10/03)

4. FEI Number 04-3604978 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNSON, HENRIETTA A 130 SW AVE B BELLE GLADE, FL 33430	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 **Due by September 7, 2005**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	SINGLETAR, ROY	
STREET ADDRESS	250 SOUTH LAKE AVE	
CITY-ST-ZIP	PAHOKEE, FL 33476	
TITLE	D	☐ Delete
NAME	KOBLE, GRACE	
STREET ADDRESS	WORKING ON WELLNESS	
CITY-ST-ZIP	WELLINGTON, FL 33411	
TITLE	D	☐ Delete
NAME	BAKER, BETTY	
STREET ADDRESS	38754 STATE RD. 80	
CITY-ST-ZIP	BELLE GLADE, FL 33430	
TITLE	D	☐ Delete
NAME	HALE, JULIA	
STREET ADDRESS	565 FRIEND TER	
CITY-ST-ZIP	PAHOKEE, FL 33476	
TITLE	D	☐ Delete
NAME	LEWIS, JANET	
STREET ADDRESS	38754 STATE ROAD	
CITY-ST-ZIP	BELLE GLADE, FL 33430	
TITLE	D	☐ Delete
NAME	Dr. Bernadette Lang, Glade View Elm.	
STREET ADDRESS	1100 SW Ave G Belle Glade, FL 33430	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Henrietta Johnson 6/3/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #