

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002738

FILED  
Apr 11, 2008  
Secretary of State

**Entity Name:** HEALTH EDUCATION ADVOCATORS RESOURCE TEAM, INC.

**Current Principal Place of Business:**

899 PADGETT CIRCLE  
PAHOKEE, FL 33476

**New Principal Place of Business:**

130 CUSTARD COURT  
PAHOKEE, FL 33476

**Current Mailing Address:**

899 PADGETT CICLE  
PAHOKEE, FL 33476

**New Mailing Address:**

130 CUSTARD COURT  
PAHOKEE, FL 33476 US

**FEI Number:** 04-3604978

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOHNSON, HENRIETTA A  
899 PADGETT CIRCLE  
PAHOKEE, FL 33476 US

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

JOHNSON, HENRIETTA A  
130 CUSTARD COURT  
PAHOKEE, FL 33476 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:

04/11/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BAKER, BETTY  
Address: 38754 STATE ROAD 80  
City-St-Zip: BELLE GLADE, FL 33430

Title: D (X) Delete  
Name: KOBLE, GRACE  
Address: 5621 LATINO DR.  
City-St-Zip: WELLINGTON, FL 33411

Title: D (X) Delete  
Name: LEWIS, JANET  
Address: 38754 STATE RD. 80  
City-St-Zip: BELLE GLADE, FL 33430

Title: D (X) Delete  
Name: HALE, JULIA  
Address: 565 FRIEND TER  
City-St-Zip: PAHOKEE, FL 33476

Title: D (X) Delete  
Name: BOLDIN, ULYSSES  
Address: 498 EAST 3RD STREET  
City-St-Zip: PAHOKEE, FL 334767

Title: D (X) Delete  
Name: JOHNSON, ANGELA  
Address: 561 AUENIDA DEL MAIZ  
City-St-Zip: BELLE GLADE, FL 33430

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: JOHNSON, HENRIETTA A  
Address: 130 CUSTARD COURT  
City-St-Zip: PAHOKEE, FL 33476 US

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

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

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

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

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: HENRIETTA A. JOHNSON

D

04/11/2008

Electronic Signature of Signing Officer or Director

Date