

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000002738

1. Entity Name

HEALTH EDUCATION ADVOCATORS RESOURCE TEAM, INC.



FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90322 010 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 04-3604978

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MEISEL, KEITH W ESQ.
712 US HWY. ONE, SUITE 230
N. PALM BCH FL 33408

7. Name and Address of New Registered Agent

Name Henrietta A. JOHNSON

Street Address (P.O. Box Number is Not Acceptable)

130 SW AVE B

City BELLE GLADE FL 33430

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 of Registered Agent (Printed Name of Registered Agent and Title)

(NOTE: Registered Agent signature required when reinstating)

DATE

8/29/03

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

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 JOHNSON, HENRIETTA
STREET ADDRESS 130 CUSTARD CT.
CITY-STATE-ZIP PAHOKEE FL 33476

TITLE D ☐ Delete
NAME KOBLE, GRACE
STREET ADDRESS WORKING ON WELLNESS
CITY-STATE-ZIP WELLINGTON FL 33411

TITLE D ☐ Delete
NAME BAKER, BETTY
STREET ADDRESS 38754 STATE RD. 80
CITY-STATE-ZIP BELLE GLADE FL 33430

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Singletary, Roy
STREET ADDRESS 250 South Lake Ave.
CITY-STATE-ZIP Pahokee, FL 33476

TITLE D ☐ Change ☒ Addition
NAME Hale, Julia
STREET ADDRESS 565 Friend Ter.
CITY-STATE-ZIP Pahokee, FL 33476

TITLE D ☐ Change ☒ Addition
NAME Lewis Janet
STREET ADDRESS 38754 State Road
CITY-STATE-ZIP Belle Glade, FL 33430

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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 A. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/03