

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15775

FILED
Mar 21, 2005
Secretary of State

Entity Name: EVERGLADES AREA HEALTH EDUCATION CENTER, INC.

Current Principal Place of Business:

5725 CORPORATE WAY
STE 102
W. PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

5725 CORPORATE WAY
STE 102
W. PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 59-2740588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PETERS, JOSEPH
5725 CORPORATE WAY STE 102
W. PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

PETERS, JOSEPH
5725 CORPORATE WAY
STE 102
W. PALM BEACH, FL 33407 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:

03/21/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AKIN, RICHARD,
Address: 1454 MADISON AVENUE
City-St-Zip: IMMOKALEE, FL 33934

Title: VD () Delete
Name: BROWN, EDWIN
Address: 4450 S. TIFFANY DRIVE
City-St-Zip: W. PALM BEACH, FL 33407

Title: D () Delete
Name: FOSTER, ROSEBUD RD.,ED.
Address: 3200 S. UNIVERSITY DR
City-St-Zip: FORT LAUDERDALE, FL 33328

Title: D () Delete
Name: ELIZABETH, CAYSON
Address: 1500 NW AVE L
City-St-Zip: BELLE GLADE, FL 33430

Title: STD () Delete
Name: TRENSCHELL, ROBERT D.O.
Address: 324 DATURA STREET STE 401
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: AKIN, RICHARD
Address: 1454 MADISON AVENUE
City-St-Zip: IMMOKALEE, FL 33934

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 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 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: EDWIN BROWN

VD

03/21/2005

Electronic Signature of Signing Officer or Director

Date