

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham •
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000272 (5)

1. Corporation Name

HAITIAN EDUCATION AND REVITALIZATION TEAM (H.E.A.
.R.T.), INC.

Principal Place of Business

1191 8TH STREET SOUTH
SUITE 2C
NAPLES FL 33940

Mailing Address

1191 8TH STREET SOUTH
SUITE 2C
NAPLES FL 33940



3. Date Incorporated or Qualified

01/22/1993

3a. Date of Last Report

03/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0389811

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOANNE, KUEHNER S
1191 8TH ST SOUTH
SOUTH 2C
NAPLES FL 33940

SPELLING
CORRECTIONS →

81 Name

JOANNE M. KUEHNER

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

1191 EIGHTH ST. S.

83

SUITE 2C

84 City

NAPLES

FL

85 Zip Code

33940

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

JoAnne M. Kuehner

2/15/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
KUEHNER, JOANNE
1191 8TH ST. SOUTH, SUITE 2C
NAPLES FL 33940

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
PENETTE, MARYSE
52 RUE GETTRAD
PETIONVILLE HAITI WI

☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
KUEHNER, CARL
1191 8TH ST SOUTH STE2C
NAPLES FL 33940

☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JoAnne M. Kuehner

2/13/96

941-434-7183