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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

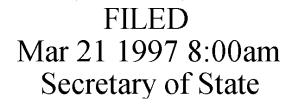
DOCUMENT # 1. Corporation Name

N93000000272 (5)

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

Principal Place of Business

Mailing Address





1191 BTH STREE SUITE 2C NAPLES FL 3394		SUITE 2C NAPLES FL 34102-7306		Date Incorporated or Qualified 01/22/1993	3a. Date of Last Re 03/27/199	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	App	lied For
1900 Broad Avenue South 26 900 Broad		26 900 Broad A	venue Sout	65-0389811		Applicable
Suite, Apt #, etc. 2 Unit 2:C		Suite, Apt. #, etc. 27 Unit a C		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State 28 Naples, FL	•	Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	-
ZIP 34102	Country 2 25 USA	29 34102 3	Country USA	This corporation has liability for Florida Statutes	intangible tax under s. Yes X No	199.032,
	9. Name and Address of Currer			10. Name and Address of New Re	gistered Agent	
1191 8TH SOUTH 2	, KUEHNER M H ST SOUTH PC FL 33940		81 Name 82 Street A 83 Linu	ddress (P.O. Box Number is Not Acceptable Broad Avenue South	FL 85 Zn C	8 ^d
			NAY	orporation submits this statement for the p		U -Z
office or re	o the provisions of sections of 7.000 egistered agent, or both, in the State in familiar with, and accept the oblig	: of Florida. Such change was au	thorized by the corpo	oration's board of directors. I hereby accept	of the appointment as r	egistered
	Signature, type dior printed name of registered ag		Registered Agent signature re		DATE	N. 11.1.40
12.		ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change	Addition
TIILE	D CONTRACTOR CONTRACTOR	☐ DELETE	1.1 TITLE		Citalige	
NAME STREET ADDRESS	KUEHNER, JOANNE 1191 8TH ST. SOUTH, SUITE	E 2C		900 Broad Avenus Sou Napks Fi 341	th #a-c	
CITY-ST ZIF	NAPLES FL 33940	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	1940 C St	☐ Change	Addition
NAME	D DENETTE MADVEE		2.2 NAME			
STREET ADDRESS	PENETTE, MARYSE 52 RUE GETTRAD		2.3 STREET ADDRESS			
CITY-SI-ZIP	PETIONVILLE HAITI WI		2. 4 CITY-ST-ZIP			
THILE	D	DELETE	3.1 TITLE		Change	Addition
NAME	KUEHNER, CARL		3.2 NAME		. "	
STREET ADDRESS	1191 8TH ST SOUTH STE2C		3.3 STREET ADDRESS	900 Brood Avenue Sou Naples, FL 341	ith #a·C	
CITY - ST - ZIF	NAPLES FL 33940		3.4. CITY-ST-ZIP	NADRS, FL 341	02	
TITLE		DELETE	4.1 TITLE		☐ Change	Addition
HELL			- I			
NAME			4 2 NAME			
			4 2 NAME 4.3 STREET ADDRESS			
NAME						
NAME STREET ADDRESS		DELETE	4.3 STREET ADDRESS		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		DELETE	4.3 STREET ADDRESS . 4.4 CITY-ST-ZIP		☐ Change	Addition
NAME STREET ADDRESS (CITY-ST-ZIP TITLE		DELETE	4.3 STREET ADDRESS . 4.4 CITY-ST-ZIP 5.3 TITLE		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		-	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME			
NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS		☐ DELETE	4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change	Addition
NAME STREET ADDRESS CITY-S1-7/P TITLE NAME STREET ADDRESS CITY-S1-7/P		-	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-2IP		-	4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE			

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 it made under of 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 granged, or on an attachment with an address.

SIGNATURE:

Daytime Priorie # nnegess