

FILE NOW: FILING FEE IS \$61.25

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Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000272 (5)**

1. Corporation Name

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

Principal Place of Business

Mailing Address

**1191 8TH STREET SOUTH
SUITE 2C
NAPLES FL 33940**

**1191 8TH STREET SOUTH
SUITE 2C
NAPLES FL 34102-7306**



3. Date Incorporated or Qualified **01/22/1993** 3a. Date of Last Report **03/27/1996**

2. Principal Place of Business	2a. Mailing Address
21 900 Broad Avenue South	26 900 Broad Avenue South
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Unit 2-C	27 Unit 2-C
City & State	City & State
23 Naples, FL	28 Naples, FL
Zip	Zip
24 34102	29 34102
Country	Country
25 USA	30 USA

4. FEI Number **65-0389811** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	900 Broad Avenue South
83	Unit 2-C
84 City	Naples
85 Zip Code	FL 34102

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	KUEHNER, JOANNE
STREET ADDRESS	1191 8TH ST. SOUTH, SUITE 2C
CITY - ST - ZIP	NAPLES FL 33940
TITLE	D <input type="checkbox"/> DELETE
NAME	PENETTE, MARYSE
STREET ADDRESS	52 RUE GETTRAD
CITY - ST - ZIP	PETIONVILLE HAITI WI
TITLE	D <input type="checkbox"/> DELETE
NAME	KUEHNER, CARL
STREET ADDRESS	1191 8TH ST SOUTH STE2C
CITY - ST - ZIP	NAPLES FL 33940
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	900 Broad Avenue South #2-C
1.4 CITY - ST - ZIP	Naples FL 34102
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	900 Broad Avenue South #2-C
3.4 CITY - ST - ZIP	Naples, FL 34102
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0068555**

CR2E037 (9/96)