


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90173 032 ****61.25

DOCUMENT # N98000001126 1. Entity Name HEALTH EDUCATION AND COMMUNITY RESOURCE, INC.					
Principal Place of Business 8370 EARL CIRCLE W JACKSONVILLE, FL 32219			Mailing Address 8370 EARL CIRCLE WEST JACKSONVILLE, FL 32219		
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 59-3594490	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DICKERSON, ZELMA D 8370 EARL CIRCLE WEST JACKSONVILLE, FL 32219				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DICKERSON, ZELMA 8370 EARL CIRCLE W. JACKSONVILLE, FL 32219	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/O Leteshia Bell 4756 Post street Jacksonville, FL. 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DICKERSON, VINCENT 8370 EARL CIRCLE WEST JACKSONVILLE, FL 32219	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/O Narta Guire 10524 Fairlane Drive Jacksonville, FL. 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLS, GLENN 1646 W 45TH STREET JACKSONVILLE, FL 32208	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/T Joy Herring 970 Corsica Lane Jacksonville, FL. 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO SHAHID, RASHAD 9356 NORFOLK BLVD. JACKSONVILLE, FL 32208	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	.. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	.. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	.. <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Zelma Dickerson</i>					
Date 4/26/06 Daytime Phone # (904) 764-0483					