

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001126

FILED
Apr 16, 2008
Secretary of State

Entity Name: HEALTH EDUCATION AND COMMUNITY RESOURCE, INC.

Current Principal Place of Business:

8370 EARL CIRCLE W
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

8370 EARL CIRCLE WEST
JACKSONVILLE, FL 32219

New Mailing Address:

FEI Number: 59-3594490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKERSON, ZELMA D
8370 EARL CIRCLE WEST
JACKSONVILLE, FL 32219 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DICKERSON, ZELMA
Address: 8370 EARL CIRCLE W.
City-St-Zip: JACKSONVILLE, FL 32219 US

Title: VPD () Delete
Name: DICKERSON, VINCENT
Address: 8370 EARL CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32219 US

Title: CD () Delete
Name: BELL, LETESHIA
Address: 4756 POST STREET
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: SD () Delete
Name: GUINE, NARTA
Address: 10524 FAIRLANE DRIVE
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: TT () Delete
Name: HERRING, JOY
Address: 870 CORSICA LANE
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SD (X) Change () Addition
Name: GUINE, NAITA
Address: 10524 FAIRLANE DRIVE
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ZELMA DICKERSON

P

04/16/2008

Electronic Signature of Signing Officer or Director

Date