

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003442

1. Entity Name

COMMUNITY HEALTH EDUCATION ALLIANCE, INC.

FILED

May 13, 2002 8:00 am  
Secretary of State

05-13-2002 90184 027 \*\*\*\*61.25

Principal Place of Business

Mailing Address

401 N.E. 1ST STREET  
POMPANO BEACH FL 33060

P.O. BOX 2044  
POMPANO BEACH FL 33061-2044

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

65-0870836

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMILTON, EDWIN H  
401 N.E. 1ST STREET  
POMPANO BEACH FL 33060

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  
NAME HAMILTON, EDWIN H ☐ Delete  
STREET ADDRESS 401 NE 1ST ST  
CITY-ST-ZIP POMPANO BEACH FL 33061

TITLE Director ☐ Change ☒ Addition  
NAME SANDRA WILSON  
STREET ADDRESS 400 NW 9TH AVE MT. Olive Baptist Church  
CITY-ST-ZIP Ft. Lauderdale, Fl. 33311

TITLE D  
NAME HAMILTON, MARY F ☐ Delete  
STREET ADDRESS 1201 NW 75TH TERR  
CITY-ST-ZIP PLANTATION FL 33313

TITLE Director ☐ Change ☒ Addition  
NAME Jasmin Shirley  
STREET ADDRESS North Broward Hospital District  
CITY-ST-ZIP 303-59-77 St Ft. Lauderdale, Fl. 33316

TITLE D  
NAME HAMILTON, EDWINA F ☐ Delete  
STREET ADDRESS 1201 NW 75TH TERR  
CITY-ST-ZIP PLANTATION FL 33313

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME PETERSON, CYNTHIA S ☐ Delete  
STREET ADDRESS 5101 NW 21 AVENUE, STE 440  
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME MILLER, DORSEY DR. ☐ Delete  
STREET ADDRESS 600 SE 3RD AVE  
CITY-ST-ZIP FT LAUDERDALE FL 33316

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME KENNEDY, ART ☐ Delete  
STREET ADDRESS 2701 W. OAKLAND PARK BLVD  
CITY-ST-ZIP FT LAUDERDALE FL 33311

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 954 484-8333

Date

Daytime Phone #

CR2E037 (9/01)