

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000003442

1. Entity Name

COMMUNITY HEALTH EDUCATION ALLIANCE, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc

City & State

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

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

(NOTE: Registered Agent's signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

P ☐ Delete
HAMILTON, EDWIN H
401 NE 1ST ST
POMPANO BEACH FL 33061

D ☐ Delete
HAMILTON, MARY F
1201 NW 75TH TERR
PLANTATION FL 33313

D ☐ Delete
HAMILTON, EDWINA F
1201 NW 75TH TERR
PLANTATION FL 33313

D ☐ Delete
PETERSON, CYNTHIA S
5101 NW 21 AVENUE, STE 440
FT LAUDERDALE FL 33309

D ☐ Delete
MILLER, DORSEY DR.
600 SE 3RD AVE
FT LAUDERDALE FL 33316

D ☐ Delete
KENNEDY, ART
2701 W. OAKLAND PARK BLVD
FT LAUDERDALE FL 33311

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

U000000199995 ☐ Change ☐ Addition
01/28/05-80009-002 61.25

☐ Change ☐ Addition

☐ Change ☐ Addition

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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

1/25/05 (954) 484-8333
Date Daytime Phone #