


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90015 011 ****61.25

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, No P.O. Box # 401 NE 1st Street Suite, Apt. #, etc. NONE			3. Mailing Address PO Box 2044 Suite, Apt. #, etc. NONE		
City & State Pompano Beach, FL			City & State Pompano Beach, FL		
Zip 33060		Country USA		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 NONE Street Address (P.O. Box Number is Not Acceptable) NONE City NONE FL Zip Code 33060		
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 <u>N/A</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
TITLE	P	<input type="checkbox"/> Delete			
NAME	HAMILTON, EDWIN H				
STREET ADDRESS	401 NE 1ST ST				
CITY-ST-ZIP	POMPANO BEACH, FL 33061				
TITLE	D	<input type="checkbox"/> Delete			
NAME	HAMILTON, MARY F				
STREET ADDRESS	1201 NW 75TH TERR				
CITY-ST-ZIP	PLANTATION, FL 33313				
TITLE	D	<input type="checkbox"/> Delete			
NAME	HAMILTON, EDWINA F				
STREET ADDRESS	1201 NW 75TH TERR				
CITY-ST-ZIP	PLANTATION, FL 33313				
TITLE	D	<input type="checkbox"/> Delete			
NAME	PETERSON, CYNTHIA S				
STREET ADDRESS	5101 NW 21 AVENUE, STE 440				
CITY-ST-ZIP	FT LAUDERDALE, FL 33309				
TITLE	D	<input type="checkbox"/> Delete			
NAME	MILLER, DORSEY DR.				
STREET ADDRESS	600 SE 3RD AVE				
CITY-ST-ZIP	FT LAUDERDALE, FL 33316				
TITLE	D	<input type="checkbox"/> Delete			
NAME	KENNEDY, ART				
STREET ADDRESS	2701 W. OAKLAND PARK BLVD				
CITY-ST-ZIP	FT LAUDERDALE, FL 33311				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: <u>Edwin H. Hamilton</u> Edwin H. Hamilton 5/13/08 9549435111 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					