

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90260 035 ****61.75

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

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. 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 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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition
NAME **Jasmin Shirley**
STREET ADDRESS **1600 South Andrews Av**
CITY-ST-ZIP **Ft. Lauderdale, Fl. 33316**

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

TITLE ☐ Change ☒ Addition
NAME **Pastor Rogers Grimes**
STREET ADDRESS **3164 Haplinage Drive**
CITY-ST-ZIP **Lauderhill, Fl. 33311**

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

TITLE ☐ Change ☒ Addition
NAME **Marilyn Shazier**
STREET ADDRESS **3330 Spanish Moss Terrace**
CITY-ST-ZIP **Ft. Lauderdale, Fl. 33311**

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

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

TITLE **D** ☐ Delete
NAME **KENNEDY, ART**
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:

Edwin H. Hamilton **Edwin H. Hamilton, MD 4/30/03 954-484-8333**

CR2E037 (10/02)