

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N98000004205

HEALTH OUTREACH PREVENTION AND EDUCATION FOUNDAT ION, INC.

Principal Place of Business 1350 SOUTH HICKORY STREET

MELBOURNE FL

Mailing Address

1350 SOUTH HICKORY STREET

MELBOURNE FL



04-29-1999 90246 015 ****61.25

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2. Principal P	lace of Business	2a. Mailing Address			Date incorporated or Qualifed		1									
21		26 8249 Devereux	Driv	ve	07/20/1998											
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		-	4. FEI Number	App	lied For									
22		27			59-3528774	Not	Applicable									
City & Stat	e	City & State Melbourne, FL	•		5. Certificate of Status Desired	\$8.75 A										
Zin	Country	Zip	Country		6. Election Campaign Financing	\$5.00 6	May Be									
24 329	01 25	29 32940 -7955 30] Bre	vard	Trust Fund Contribution	Added to	Fees									
	9. Name and Address of Co	urrent Registered Agent			10. Name and Address of New Registered	Agent										
	· · · · · · · · · · · · · · · · · · ·		81	Name			1									
MATHIAS,	DAVID E		82	Street Addre	es (P.O. Boy Number is Not Acceptable)											
8249 DEVI			02	12 Street Address (P.O. Box Number is Not Acceptable)												
			83													
WELDOON	NE FL 32940															
	•		84	City	FL	85 Zip C	ode									
11 Drumwont	to the provisions of Sections 61	7 0502 and 617 1508 Florida Statutes	the above	a-named como	pration submits this statement for the purpose of	changing its r	egistered									
office or r	egistered agent, or both, in the S	State of Florida. Such change was autho	onzed by	the corporation	n's board of directors. I hereby accept the appo-	intment as reg	istered									
agent. I a	m familiar with, and accept the o	obligations of, Section 617.0503, Florida	Statutes	-	•		١									
SIGNATURE		od annak sad fille if applicable (NOTE: Pag	istared Agen	t signature required	when reinstation) DATE											
12.	Signature, typed or printed name of registers	S AND DIRECTORS	13.	it signature required	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	RS IN 12									
TITLE	, OF TOPIC	DELETE	1.1 TITLE	C[☐ Change	Addition									
	•		1.2 NAME		aguire, Michael											
NAME					49 Devereux Drive											
STREET ADDRESS					elbourne, FL 32940	•										
CITY-ST-ZIP	·	☐ DELETE	1.4 CITY-S	P		Change	⊠ Addition									
TITLE		- Delete		, - -			*									
NAME			2.2 NAME		unker, Stephen P.											
STREET ADDRESS	• .		2.3 STREET		50 South Hickory Street											
CITY-ST-ZIP		□ DELETE	2. 4 CITY-S		elbourne, FL 32901	Change	Addition									
TITLE		C: Defere	3.1 TITLE		PD	onange	34									
NAME			3.2 NAME		rice, Carroll D. II											
STREET ADDRESS					50 South Hickory Street											
CITY-ST-ZIP	<u></u>		3.4. CITY-5		elbourne, FL 32901	:C Chonno	₹ Addition									
IIILE	'	☐ DELETE	4,1 TITLE	SC		Change	Addition									
NAME			4, 2 NAME		eans, Michael D.		1									
STREET ADDRESS			4.3 STREET		49 Devereux Drive											
CITY-ST-ZIP			4.4 CITY-S	1-ZIP ME	elbourne, FL 32940		T Activity									
ΠΙΛΕ		☐ DÉLETE	5.1 TITLE			☐ Change	☐ Addition									
NAME			5.2 NAME													
STREET ADDRESS			5.3 STREE													
CITY-ST-ZIP			5.4 CITY-S	T-ZIP												
TITLE		☐ DELETE	6.1 TITLE		•	Change	☐ Addition									
NAME			6.2 NAME													
STREET ADDRESS			6.3 STREET	ADDRESS]									
CITY-ST-ZIP			6.4 CITY-\$	T-ZIP												

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an accompany with all other like empowered.

No PEQMichaeDD. Means, Sec

4/16/99

434-4300 407