

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91222 011 ****61.25

DOCUMENT # N98000006919

1. Entity Name

HOUSING EDUCATION & LEARNING PROCESS, INC.

Principal Place of Business

**730 NINTH STREET
 WINTER GARDEN FL 34787**

Mailing Address

**730 NINTH STREET
 WINTER GARDEN FL 34787**

551490



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

26-5116365

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**FULMORE, CORA R
 906 SUNNY DELL DRIVE
 ORLANDO FL 32818**

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	D	<input type="checkbox"/> Delete
NAME	FULMORE, CORA R	
STREET ADDRESS	906 SUNNY DELL DRIVE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, MICHAEL V	
STREET ADDRESS	8418 CEDAR COVE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, RODERICK M	
STREET ADDRESS	543 LIME ST	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, LONNIE	
STREET ADDRESS	4063 N GOLDENROD NO. 208	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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 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) **SIGNATURE REQUIRED** *more* **5/1/01 407-654-7509**

CR2E037 (10/00)