2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State
05-16-2006 90025 017 ****61.25

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1. Entity Name
HUMAN ENVIRONMENT LINKING PEOPLE, INCORPORATED

Principal Place of Business	Mailing Address
135 AVE Y NE WINTER HAVEN, FL 33881	PO BOX 3495 WINTER HAVEN, FL 33885

05092006 Chg-NP CR2E037 (4/06)

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 59-3602331 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, MARY S
2426 EDWIN STREET NE
WINTER HAVEN, FL 33881

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 signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 6, 2006

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SMITH, MARY S 2426 EDWIN STREET NE WINTER HAVEN, FL 33881	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO Smith, Mary S. 2426 Edwin STREET NE WINTER HAVEN, FL 33881	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STREETER, THOMAS W 1413 4TH ST NE WINTER HAVEN, FL 33881	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Clay, Juanita 342 7th St. SW Winter Haven, FL 33881	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CROSS, FAYE 2760 FRAZIER STREET BARTOW, FL 33830	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary MAULTSBY, KATRINA 2422 Mary Jewett Circle NE Winter Haven, FL 33881	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WHITTEN, FLORA 2437 5TH STREET NE WINTER HAVEN, FL 33881	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Whitten, Flora 2437 5th St. NE Winter Haven, FL 33881	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TVP GEATHERS, JUANITA T 346 AVE D SW WINTER HAVEN, FL 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEBRA, THOMPSON 518 LAKE MANDE DR WINTER HAVEN, FL 33881	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Smith, Keturah X. 2206 9th St. NE Winter Haven, FL 33881	☐ Change ☑ Addition

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: _____ (863) 293-1439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #