

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000004419**

1. Entity Name

**HUMAN ENVIRONMENT LINKING PEOPLE,  
INCORPORATED**



Principal Place of Business

**135 AVE Y NE  
WINTER HAVEN, FL 33881**

Mailing Address

**PO BOX 3495  
WINTER HAVEN, FL 33885**



04232008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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

000000027540

05/20/08-80111-010 61.25

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEO  
SMITH, MARY S  
2426 EDWIN STREET NE  
WINTER HAVEN, FL 33881**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
CLAY, JUANITA  
342 7TH ST. SW  
WINTER HAVEN, FL 33881**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
MAULTSBY, KATRINA  
2422 MARY JEWETT CIRCLE NE  
WINTER HAVEN, FL 33881**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WHITTEN, FLORA  
2437 5TH STREET NE  
WINTER HAVEN, FL 33881**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TVP  
GEATHERS, JUANITA T  
346 AVE D SW  
WINTER HAVEN, FL 33880**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
SMITH, KETURAH X  
2206 9TH ST. NE  
WINTER HAVEN, FL 33881**

**DO NOT WRITE  
IN THIS SPACE**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/08

(863) 293-1478  
(863) 293-1439