2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N99000004419

Entity Name: HUMAN ENVIRONMENT LINKING PEOPLE, INCORPORATED

Current Principal Place of Business:

135 AVE Y NE
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

PO BOX 3495
WINTER HAVEN, FL 33885

New Mailing Address:

FEI Number: 59-3602331 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: SMITH, MARY S
Address: 2426 EDWIN STREET NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: P ( ) Delete
Name: CLAY, JUANITA
Address: 342 7TH ST. SW
City-St-Zip: WINTER HAVEN, FL 33881

Title: S ( ) Delete
Name: MAULTSBY, KATRINA
Address: 2422 MARY JEWETT CIRCLE NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: D ( ) Delete
Name: WHITTEN, FLORA
Address: 2437 5TH STREET NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: TVP ( ) Delete
Name: GEATHERS, JUANITA T
Address: 346 AVE D SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: T ( ) Delete
Name: SMITH, KETURAH X
Address: 2206 9TH ST. NE
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY S. SMITH CEO 04/22/2009

Electronic Signature of Signing Officer or Director — Date