

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752365

FILED  
May 01, 2007  
Secretary of State

**Entity Name:** HUMANITARIANS OF FLORIDA, INC.

**Current Principal Place of Business:**

1149 CONANT AVE  
CRYSTAL RIVER, FL 34429 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 924  
INVERNESS, FL 344510924 US

**New Mailing Address:**

**FEI Number:** 59-1997778 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SCHMID, DONNA R  
5075 S. SHORELINE DR.  
FLORAL CITY, FL 34436 US

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: D ( ) Delete  
Name: SMITH, DEBRA  
Address: 815 S PONDER AVE  
City-St-Zip: LECANTO, FL 344618871 US

Title: PD ( ) Delete  
Name: SCHMID, DONNA R  
Address: 5075 S SHORELINE DR  
City-St-Zip: FLORA CITY, FL

Title: VPD ( ) Delete  
Name: HYPES, MARGARET  
Address: 5285 S COVEWOOD TER  
City-St-Zip: FLORAL CITY, FL 34436

Title: D ( ) Delete  
Name: CODELLA, CAROL  
Address: 2201 S CARNEGIE DR  
City-St-Zip: INVERNESS, FL 34450

Title: D (X) Delete  
Name: HALLOWELL, EVELYN  
Address: 4419 S DODGE PT  
City-St-Zip: INVERNESS, FL 34450

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VPD (X) Change ( ) Addition  
Name: SCHMID, DONNA R  
Address: 5075 S SHORELINE DR  
City-St-Zip: FLORA CITY, FL

Title: PD (X) Change ( ) Addition  
Name: HYPES, MARGARET  
Address: 5285 S COVEWOOD TER  
City-St-Zip: FLORAL CITY, FL 34436

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: DONNA SCHMID

VP

05/01/2007

Electronic Signature of Signing Officer or Director

Date