2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# 752365

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 ( )**

Name and Address of Current Registered Agent:

SCHMID, DONNA R
5075 S. SHORELINE DR.
FLORAL CITY, FL 34436 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: D ( ) Delete
Name: SMITH, DEBRA
Address: 815 S PONDER AVE
City-St-Zip: LECANTO, FL 344618871 US

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

Title: PD ( ) 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P D (X) Change ( ) Addition
Name: GARRETT, BETTY
Address: 815 S PONDER AVE
City-St-Zip: LECANTO, FL 344618871 US

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: DONNA R SCHMID VP D 04/23/2008
Electronic Signature of Signing Officer or Director Date