2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2011
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: P D
Name: SCHMID, DONNA
Address: 5075 S SHORELINE DR
City-St-Zip: FLORAL CITY, FL 34436 US

Title: VPD
Name: HYPES, MARGART
Address: 5285 S COVEWOOD TER
City-St-Zip: FLORAL CITY, FL 34436 US

I hereby 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 all other like empowered.

SIGNATURE: DONNA R SCHMID D P 03/15/2011
Electronic Signature of Signing Officer or Director Date