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DIVISION OF CORPORATIONS

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CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 831172 (2)
1. Corporation Name
UNITED HUMANITARIANS, A CORPORATION

Principal Place of Business Mailing Address
5836 WHARTON CIRCLE BENSEALEM PA 19020
5836 WHARTON CIRCLE BENSEALEM PA 19020 US

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified 10/29/1973
3a. Date of Last Report 02/03/1994
4. FEI Number 86-0264917
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 5836 Wharton Circ. 25 5836 Wharton Circ.
22 Suits, Apt. #, etc. 27 Suits, Apt. #, etc.
23 City & State Bensalem, PA 28 Bensalem, PA
24 19020 25 U.S.A 29 19020 30 U.S.A

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
STABLER, PAM
110 BRIXTON LANE
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLINKNER, KENNETH	1.2 NAME	
STREET ADDRESS	5822 WHARTON CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BENSEALEM PA	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANIER, CAROL	2.2 NAME	
STREET ADDRESS	635 N ERIE AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, ARTHUR	3.2 NAME	
STREET ADDRESS	5844 WHARTON CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	BENSEALEM PA	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, PENNA	4.2 NAME	PD
STREET ADDRESS	2284 ROBINWOOD	4.3 STREET ADDRESS	Dorothy Fork
CITY-ST-ZIP	TOLEDO OH	4.4 CITY-ST-ZIP	2501 Harris Ave Key West, FL
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORK, DOROTHY	5.2 NAME	Pam Stabler
STREET ADDRESS	2501 HARRIS AVE	5.3 STREET ADDRESS	110 Brixton Lane
CITY-ST-ZIP	KEY WEST FL	5.4 CITY-ST-ZIP	Satellite Beach, FL
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSON, ADELE P.	6.2 NAME	
STREET ADDRESS	5836 WHARTON CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BENSEALEM PA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statute. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Adele P. Hudson Adele P. Hudson 1-20-95 (215) 757-0171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #