

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 831172 (2)

1. Corporation Name

UNITED HUMANITARIANS, A CORPORATION

Principal Place of Business

Mailing Address

5836 WHARTON CIRC.  
BENSALEM PA 19020  
US

5836 WHARTON CIRC.  
BENSALEM PA 19020  
US



2. Principal Place of Business

21 5836 Wharton Circ.

Suite, Apt. #, etc.

22

City & State

23 Bensalem, PA

Zip

24 19020

Country

25 USA

2a. Mailing Address

26 5836 Wharton Circ.

Suite, Apt. #, etc.

27

City & State

28 Bensalem

Zip

29 PA

Country

30 USA

3. Date Incorporated or Qualified  
10/29/1973

3a. Date of Last Report  
02/01/1995

4. FEI Number  
86-0264917

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

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 Linda Carter  
82 Street Address (P.O. Box Number is Not Acceptable)  
1431 W. Peachtree  
83  
84 City Cocoa FL 85 Zip Code 32922

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Linda Carter

Linda Carter

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE

NAME KLUNKNER, KENNETH  
STREET ADDRESS 5822 WHARTON CIR  
CITY-ST-ZIP BENSALEM PA

TITLE D ☐ DELETE

NAME LANIER, CAROL  
STREET ADDRESS 635 N ERIE AVE  
CITY-ST-ZIP TOLEDO OH

TITLE TD ☐ DELETE

NAME ROSS, ARTHUR  
STREET ADDRESS 5844 WHARTON CIR  
CITY-ST-ZIP BENSALEM PA

TITLE PD ☐ DELETE

NAME FORK, DOROTHY  
STREET ADDRESS 2501 HARRIS AVE.  
CITY-ST-ZIP KEY WEST FL

TITLE P ☐ DELETE

NAME STABLER, PAM  
STREET ADDRESS 110 BRIXTON LANE  
CITY-ST-ZIP SATELLITE BEACH FL

TITLE V ☐ DELETE

NAME HUDSON, ADELE P.  
STREET ADDRESS 5836 WHARTON CIRCLE  
CITY-ST-ZIP BENSALEM PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 119.07(3)(k), Florida Statutes. 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

2/5/96 (215) 750-0171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)