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Feb 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 19020-1125
US



3. Date Incorporated or Qualified
10/29/1973

3a. Date of Last Report
02/09/1996

2. Principal Place of Business

2a. Mailing Address

21 5836 Wharton Circ.

26 5836 Wharton Circ.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Bensalem, PA

28 Bensalem

Zip

Country

Zip

Country

24 19020

25 USA

29 PA

30 USA

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

10. Name and Address of New Registered Agent

CARTER, LINDA
1431 W PEACHTREE
COCOA FL 32922

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

1-28-97

(215) 750-0171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0076218

CR2E037 (9/96)