


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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 5836 WHARTON CIRCLE BENSALEM PA 19020 US			Mailing Address 5836 WHARTON CIRCLE BENSALEM PA 19020 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/29/1973	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 86-0264917	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CARTER, LINDA 1431 W PEACHTREE COCOA FL 32922				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 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLUNKNER, KENNETH		1.2 NAME		
STREET ADDRESS	5822 WHARTON CIR		1.3 STREET ADDRESS		
CITY-ST-ZIP	BENSALEM PA		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	BENSALEM PA		3.4 CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORK, DOROTHY		4.2 NAME		
STREET ADDRESS	2501 HARRIS AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		4.4 CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STABLER, PAM		5.2 NAME		
STREET ADDRESS	110 BRIXTON LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH FL		5.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	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	BENSALEM PA		6.4 CITY-ST-ZIP		

14. I 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 **ADDITIONAL FEE REQUIRED**

1-21-98

215-750-0171

CR2E037 (10/97)