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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 831172

1. Corporation Name
UNITED HUMANITARIANS, A CORPORATION

Principal Place of Business 5836 WHARTON CIRCLE BENSLEM PA 19020 US	Mailing Address 5836 WHARTON CIRCLE BENSLEM PA 19020 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/29/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number- 86-0264917
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Country 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	KLINKNER, KENNETH	
STREET ADDRESS	5822 WHARTON CIR	
CITY-ST-ZIP	BENSLEM PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANIER, CAROL	
STREET ADDRESS	635 N ERIE AVE	
CITY-ST-ZIP	TOLEDO OH	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROSS, ARTHUR	
STREET ADDRESS	5844 WHARTON CIR	
CITY-ST-ZIP	BENSLEM PA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FORK, DOROTHY	
STREET ADDRESS	2501 HARRIS AVE.	
CITY-ST-ZIP	KEY WEST FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	STABLER, PAM	
STREET ADDRESS	110 BRIXTON LANE	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HUDSON, ADELE P.	
STREET ADDRESS	5836 WHARTON CIRCLE	
CITY-ST-ZIP	BENSLEM PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>Carrie Farmer</i>
5.3 STREET ADDRESS	<i>2605 Kay Ave</i>
5.4 CITY-ST-ZIP	<i>Trevoze, PA 19053</i>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *Adele P. Hudson* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **REQUIRED** *Adele P. Hudson*
 Date: *1/10/99* Daytime Phone #: *(215) 750-0171*

CR2E037 (11/98)