

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 831172**

1. Entity 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**



07122005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**86-0264917**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CARTER, LINDA  
1431 W PEACHTREET  
COCOA, FL 32922**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	SD
NAME	KLINKNER, KENNETH
STREET ADDRESS	5822 WHARTON CIR
CITY - ST - ZIP	BENSALEM, PA
TITLE	D
NAME	LANIER, CAROL
STREET ADDRESS	635 N ERIE AVE
CITY - ST - ZIP	TOLEDO, OH
TITLE	TD
NAME	ROSS, ARTHUR
STREET ADDRESS	5844 WHARTON CIR
CITY - ST - ZIP	BENSALEM, PA
TITLE	P
NAME	CARTER, LINDA
STREET ADDRESS	1431 W. PEACHTREE
CITY - ST - ZIP	COCOA, FL 32922
TITLE	P
NAME	FARMER, CARRIE
STREET ADDRESS	2605 KAY AVE
CITY - ST - ZIP	TREVOSE, PA
TITLE	V
NAME	HUDSON, ADELE P.
STREET ADDRESS	5836 WHARTON CIRCLE
CITY - ST - ZIP	BENSALEM, PA

1100000374484  
07/26/05-80001-005 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 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

7-18-05  
Date

215-750-6177  
Daytime Phone #