

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90151 046 ****70.00

DOCUMENT # 831172

1. Entity Name
UNITED HUMANITARIANS, A CORPORATION



Principal Place of Business Mailing Address

5836 WHARTON CIRCLE
 BENSLEM PA 19020
 US

5836 WHARTON CIRCLE
 BENSLEM PA 19020
 US



2. Principal Place of Business 3. Mailing Address

1431-W. PEACHTREE STREET **1431-W. PEACHTREE STREET**

Suite, Apt. #, etc. / Suite, Apt. #, etc. /

1st MOORE CR2E037 (10/05)

City & State City & State

COCOA FLORIDA. **COCOA FLORIDA**

Zip Country Zip Country

32922 UNITED STATES OF AMERICA **32922 U.S.A.**

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

7. Name and Address of New Registered Agent

Name / Street Address (P.O. Box Number is Not Acceptable) / City **FL** Zip Code

n/a.

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 *Linda M Carter, President* DATE

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006.

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

Make Check Payable to Florida Department of State

10. 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	P	<input type="checkbox"/> Delete
NAME	CARTER, LINDA	
STREET ADDRESS	1431 W. PEACHTREE	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	P	<input type="checkbox"/> Delete
NAME	FARMER, CARRIE	
STREET ADDRESS	2605 KAY AVE	
CITY-ST-ZIP	TREVOSE PA	
TITLE	V	<input type="checkbox"/> Delete
NAME	HUDSON, ADELE P.	
STREET ADDRESS	5836 WHARTON CIRCLE	
CITY-ST-ZIP	BENSLEM PA	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Linda M Carter, President* **4/22/06 321-266-6804**