


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 26, 2008 8:00 am**  
**Secretary of State**

06-26-2008 90001 032 \*\*\*\*70.00

<b>DOCUMENT # 831172</b>	
1. Entity Name <b>UNITED HUMANITARIANS, A CORPORATION</b>	

Principal Place of Business 1431- W. PEACHTREE STREET COCOA, FL 32922 US	Mailing Address 1431- W. PEACHTREE STREET COCOA, FL 32922 US
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2. Principal Place of Business - No P.O. Box # <b>W. PEACHTREE STREET</b>	3. Mailing Address <b>W. PEACHTREE STREET.</b>
Suite, Apt. #, etc. <b>1431</b>	Suite, Apt. #, etc. <b>1431</b>

City & State <b>COCOA FLORIDA</b>	City & State <b>COCOA FLORIDA</b>
Zip <b>32922</b>	Country <b>U.S.A.</b>



06232008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>86-0264917</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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 <b>N/A.</b>	
Street Address (P.O. Box Number is Not Acceptable)	
City <b>FL</b>	Zip Code

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* **EXECUTIVE VICE PRESIDENT** **6/24/08.**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
SD VANHORN, FRANKIE 901 WILLIAMS DITCH ROAD CANTONMENT, FL 32533	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D LANIER, CAROL 2641 WEST CASTLE TOLEDO, OH 43615	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TD BAKER, IRENE 112 WEST CARIBBEAN PORT ST. LUCIE, FL 34950	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
EVP CARTER, LINDA 1431 W. PEACHTREE COCOA, FL 32922	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P KURTY, MICHAEL 2 CARL COURT BEVERLY HILLS, FL 34465	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
V FINE, JEN 109 QUAIL OAK CIRCLE GROVELAND, FL 34736	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DIRECTOR SUE WILLIAMS 22014 PAWPRINTS LANE P.O. BOX 1264 - BALSTON VA. 24208	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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* **LINDA M. CARTER EXECUTIVE VICE PRESIDENT** **6/24/08** **321-636-7002**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #