

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 831172

FILED  
Jan 30, 2012  
Secretary of State

**Entity Name:** UNITED HUMANITARIANS, A CORPORATION

**Current Principal Place of Business:**

1431 W. PEACHTREE STREET  
COCOA, FL 32922 US

**New Principal Place of Business:**

**Current Mailing Address:**

1431 W. PEACHTREE STREET  
COCOA, FL 32922 US

**New Mailing Address:**

FEI Number: 86-0264917

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CARTER, LINDA  
1431 W PEACHTREET  
COCOA, FL 32922 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: VANHORN, FRANKIE  
Address: 901 WILLIAMS DITCH ROAD  
City-St-Zip: CANTONMENT, FL 32533

Title: D  
Name: WILLIAMS, SUE  
Address: 2204 PAIDPRINTS LANE  
City-St-Zip: BRISTOL, VA 24202

Title: TD  
Name: BAKER, IRENE  
Address: 112 WEST CARIBBEAN  
City-St-Zip: PORT ST. LUCIE, FL 34950

Title: EVP  
Name: CARTER, LINDA  
Address: 1431 W. PEACHTREE  
City-St-Zip: COCOA, FL 32922

Title: DIR  
Name: CARTER, RAYMOND  
Address: 518 LIGHTHORSE LANE APT#2321  
City-St-Zip: ORLANDO, FL 32818

Title: P  
Name: FINE, JEN  
Address: 1938 REDMARK LANE  
City-St-Zip: WINTER GARDEN, FL 34777

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LINDA M CARTER

EVP

01/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date