


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90013 025 ****61.25

DOCUMENT # N00000004768 1. Entity Name HUMANITY PHILANTHROPIC FOUNDATION, INC.					
Principal Place of Business 119 N. ARCTURAS AVE CLEARWATER FL 33765				Mailing Address 119 N. ARCTURAS AVE CLEARWATER FL 33765	
2. Principal Place of Business 215 S. LINCOLN AVE.		3. Mailing Address 215 S. Lincoln Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State CLW FL		City & State Clearwater FL			
Zip 33756		Country USA		Zip 33756	
Country USA		Country USA			
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PSD	<input type="checkbox"/> Delete	TITLE		
NAME	STRUTHERS, LINDA J		NAME		
STREET ADDRESS	1713 LONG STREET		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33755		CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE		
NAME	NEWMAN, NANCY		NAME		
STREET ADDRESS	1713 LONG STREET		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33755		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	NEWMAN, JAMES		NAME		
STREET ADDRESS	1713 LONG STREET		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33755		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



MOORE CR2E037 (11/03)

4. FEI Number **59-3660021** Applied For ☐ Not Applicable ☐

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

12. 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 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: *Nancy Newman* *Jan 30-04 727-442-4995*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #