

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004768

FILED
Apr 26, 2009
Secretary of State

Entity Name: HUMANITY PHILANTHROPIC FOUNDATION, INC.

Current Principal Place of Business:

215 S. LINCOLN AVE.
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

215 S. LINCOLN AVE.
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 59-3660021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: P () Delete
Name: NEWMAN, NANCY
Address: 1713 LONG STREET
City-St-Zip: CLEARWATER, FL 33755

Title: VTD () Delete
Name: NEWMAN, NANCY
Address: 1713 LONG STREET
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: NEWMAN, JAMES
Address: 1713 LONG STREET
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NANCY NEWMAN

PRES

04/26/2009

Electronic Signature of Signing Officer or Director

Date