## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000006498

Entity Name: FUND FOR HUMANITY, INC.

FILED Apr 23, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 9563 WELDON CIRCLE #208 TAMARAC, FL 33321 **Current Mailing Address: New Mailing Address:** 9563 WELDON CIRCLE #208 TAMARAC, FL 33321 FEI Number: 65-1045105 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PHILLIPS, JANET 8741 NW 57TH STREET TAMARAC, FL 33351 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FRANKLIN, LARRY R Name: Name: 9563 WELDON CIRCLE #208 Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: DS () Delete Title: () Change () Addition GARDNER, HERMAN Name: Name: Address: 4100 GALT OCEAN DRIVE Address: City-St-Zip: FT LAUDERDALE, FL 33308 City-St-Zip: Title: () Delete Title: () Change () Addition POLLACK, NEIL Name: Name: Address: 19976 MONA CIRCLE Address: City-St-Zip: BOCA RATON, FL 33484 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: PLOTNICK, ROBIN L Name: Address: 1554 SHERWOOD RD Address: City-St-Zip: HIGHLAND PARK, IL 60035 City-St-Zip: Title: () Delete Title: () Change () Addition FRANKLIN, THOMAS D Name: Name: 239 57TH COURT Address: Address: City-St-Zip: WEST DES MOINES, IA City-St-Zip: Title: () Delete Title: () Change () Addition LAYTON, JERRY Name: Name: Address: 9563 WELDON CIRCLE #309 Address: TAMARAC, FL 33321 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LARRY FRANKLIN PRES 04/23/2004