2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 11, 2005 08:00 AM Secretary of State DOCUMENT # N0Q000006498 1. Entity Name FUND FOR HUMANITY, INC. Principal Place of Business Mailing Address 9563 WELDON CIRCLE #208 TAMARAC FL 33321 9563 WELDON CIRCLE #208 TAMARAC FL 33321 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 65-1045105 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PHILLIPS, JANET Street Address (P.O. Box Number is Not Acceptable) 8741 NW 57TH STREET TAMARAC FL 33351 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 Signature, typed or printed name of registered agent and tille if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete ☐ Change ☐ Addition FRANKLIN, LARRY R NAME NAME 9563 WELDON CIRCLE #208 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321 CITY-ST-DP DS TITLE Delete TITLE Change Addition GARDNER, HERMAN NAME NAME U000000297878 4100 GALT OCEAN DRIVE STREET ADDRESS STREET ADDRESS 04/11/05-80044-020 61.25 FT LAUDERDALE FL 33308 CITY-SI-ZIP CITY-ST-71P DT TITLE Delete Change Addition POLLACK, NEIL NAME 19976 MONA CIRCLE STREET ADORESS STREET ADDRESS **BOCA RATON FL 33484** CITY-ST-ZIP CITY-SI-7IP DDE Delete TITLE Change Addition PLOTNICK, ROBIN L NAME NAME 1554 SHERWOOD RD STREET ADDRESS STREET ADDRESS HIGHLAND PARK IL 60035 CITY - ST - 71P CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition FRANKLIN, THOMAS D NAME NAME 239 57TH COURT STREET ADDRESS STREET ADDRESS WEST DES MOINES IA CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition LAYTON, JERRY NAME NAME 9563 WELDON CIRCLE #309 STREET ADDRESS STREET ADDRESS TAMARAC FL 33321 CITY-ST 7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 i 9 07(3)(f), 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

FFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

FILED