

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000000336

1. Entity Name

HUMANITARIAN ASSISTANCE CORPORATION



Principal Place of Business

**3175 SOUTH CONGRESS AVE., STE. 308
PALM SPRINGS, FL 33461**

Mailing Address

**3175 SOUTH CONGRESS AVE., STE. 308
PALM SPRINGS, FL 33461**



01212004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

02-0279659

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**CRENSHAW, KENNETH B
3175 SOUTH CONGRESS AVE., STE. 308
PALM SPRINGS, FL 33461**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CRENSHAW, KENNETH B
STREET ADDRESS	3175 SOUTH CONGRESS AVE., STE. 308
CITY- ST- ZIP	PALM SPRINGS, FL 33461
TITLE	D
NAME	WRIGHT, TED
STREET ADDRESS	3175 SOUTH CONGRESS AVE., STE. 308
CITY- ST- ZIP	PALM SPRINGS, FL 33461
TITLE	D
NAME	SANDLER, BONNIE
STREET ADDRESS	3175 SOUTH CONGRESS AVE., STE. 308
CITY- ST- ZIP	PALM SPRINGS, FL 33461
TITLE	D
NAME	CRENSHAW, DIANNE
STREET ADDRESS	3175 S CONGRESS AVE STE 308
CITY- ST- ZIP	PALM SPRINGS, FL 33461
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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02/20/04-80014-013 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Kenneth B Crenshaw **KENNETH B CRENSHAW**

2/16/04 **2/16/04**

561-439-6100 **561-439-6100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #