2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 08, 2005
Secretary of State

DOCUMENT# N02000002295

Entity Name: WORLD HUMANITARIAN FOUNDATION, INC.

Current Principal Place of Business:

14950 VISTA VIEW WAY, #503
FT. MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

14950 VISTA VIEW WAY, #503
FT. MYERS, FL 33919

New Mailing Address:

FEI Number: 01-0650682 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENDERSHOT, JAMES DR.
14950 VISTA VIEW WAY
FT. MYERS, FL 33919 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:	CEOP	( ) Delete
Name:	HENDERSHOT, JAMES S DR.	
Address:	14950 VISTA VIEW WAY, #503	
City-St-Zip:	FT. MYERS, FL 33919	
Title:	D	( ) Delete
Name:	HENDERSHOT, JAMES S DR.	
Address:	14950 VISTA VIEW WAY, #503	
City-St-Zip:	FT. MYERS, FL 33919	
Title:	DT	(X) Delete
Name:	KNETSEN, KENNETH	
Address:	27200 RIVERVIEW CENTER BLVD SUITE 309	
City-St-Zip:	BONITA SPRINGS, FL 34134	
Title:	DS	( ) Delete
Name:	HUTCHISON, DONNA	
Address:	400 LENELL ROAD	
City-St-Zip:	FT. MYERS BEACH, FL 33931	

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:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: DR. JAMES S. HENDERSHOT CEOP 06/08/2005

Electronic Signature of Signing Officer or Director — Date