

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002295

FILED
Aug 04, 2006
Secretary of State

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:

5657 EICHEN CT.
FT. MYERS, FL 33919

Current Mailing Address:

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

New Mailing Address:

5657 EICHEN CT.
FT. MYERS, FL 33919

FEI Number: 01-0650682 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:

HENDERSHOT, JAMES DR.
5657 EICHEN CT.
FT. MYERS, FL 33919 US

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: _____

08/04/2006

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: DS () Delete
Name: HUTCHISON, DONNA
Address: 400 LENELL ROAD
City-St-Zip: FT. MYERS BEACH, FL 33931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOP (X) Change () Addition
Name: HENDERSHOT, JAMES S DR.
Address: 5657 EICHEN CT.
City-St-Zip: FT. MYERS, FL 33919

Title: DS (X) Change () Addition
Name: MOSKOVITZ, DAVID DR.
Address: 1514 SW 149TH AVE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: DT (X) Change () Addition
Name: HUTCHISON, DONNA
Address: 14950 VISTA VIEW WAY
City-St-Zip: FT. MYERS, FL 33931

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. JAMES HENDERSHOT

CEOP

08/04/2006

Electronic Signature of Signing Officer or Director

Date