

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002723

FILED
Feb 15, 2007
Secretary of State

Entity Name: HUMANISTS OF FLORIDA, INC.

Current Principal Place of Business:

C/O JERRY LIEBERMAN
6833 QUAIL HOLLOW BLVD
WESLEY CHAPEL, FL 33544 US

New Principal Place of Business:

New Mailing Address:

P.O. BOX 18574
JACKSONVILLE, FL 32229 US

Current Mailing Address:

PO BOX 1227
BRADENTON, FL 342061227 US

FEI Number: 52-1570992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIEBERMAN, JERRY
6833 QUAIL HOLLOW BLVD
WESLEY CHAPEL, FL 33544 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: PD () Delete
Name: LIEBERMAN, JERRY
Address: PO BOX 1227
City-St-Zip: BRADENTON, FL 340261227

Title: VD () Delete
Name: EPSTEIN, ADAM
Address: PO BOX 1227
City-St-Zip: BRADENTON, FL 340261227

Title: D () Delete
Name: HANCOCK, JENNIFER
Address: PO BOX 1227
City-St-Zip: BRADENTON, FL 340261227

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LIEBERMAN, JERRY
Address: P.O. BOX 18574
City-St-Zip: JACKSONVILLE, FL 32229

Title: VD (X) Change () Addition
Name: COOPER, CHUCK
Address: P.O. BOX 18574
City-St-Zip: JACKSONVILLE, FL 32229

Title: D (X) Change () Addition
Name: WELLMAN, HEATHER
Address: P.O. BOX 18574
City-St-Zip: JACKSONVILLE, FL 32229

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: HEATHER WELLMAN

D

02/15/2007

Electronic Signature of Signing Officer or Director

Date