


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90004 047 ****61.25

DOCUMENT # N02000002723	
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1. Entity Name
HUMANISTS OF FLORIDA, INC.

Principal Place of Business
C/O JERRY LIEBERMAN
6833 QUAIL HOLLOW BLVD
WESLEY CHAPEL, FL 33544 US

Mailing Address
P.O. BOX 18574
JACKSONVILLE, FL 32229 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
P.O. Box 360037

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03272008 Chg-NP CR2E037 (12/06)

City & State

City & State
TAMPA, FL

4. FEI Number
52-1570992

Applied For
Not Applicable

Zip

Country

Zip

Country

33673

US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIEBERMAN, JERRY
6833 QUAIL HOLLOW BLVD
WESLEY CHAPEL, FL 33544

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee Is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIEBERMAN, JERRY P.O. BOX 18574 JACKSONVILLE, FL 32229	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COOPER, CHUCK P.O. BOX 18574 JACKSONVILLE, FL 32229	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLMAN, HEATHER P.O. BOX 18574 JACKSONVILLE, FL 32229	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HULL, RICHARD T. 3241 HEATHER HILL LN. TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LA SALLE, ROBERT M. 10162 TOPSAIL AVE. ENGLEWOOD, FL 34224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Robert M. La Salle ROBERT M. La Salle, TREASURER 3/27/08 941-473-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #