2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002723

Entity Name: HUMANISTS OF FLORIDA, INC.

FILED Apr 11, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 360037 VIRGINIA LIEBERMAN TAMPA, FL 33673 6833 QUAIL HOLLOW BLVD WESLEY CHAPEL, FL 33544 US

FEI Number: 52-1570992 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

HULL, RICHARD T HULL, RICHARD T Name: Name: 3241 HEATHER HILL LANE Address: 3241 HEATHER HILL LANE Address: City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: TALLAHASSEE, FL 32309

Title: () Delete Title: (X) Change () Addition Name: LASALE, ROBERT M Name: LA SALLE, ROBERT M

Address: 10162 TOPSAIL AVE Address: 10162 TOPSAIL AVE City-St-Zip: ENGLEWOOD, FL 34224 City-St-Zip: ENGLEWOOD, FL 34224

Title: () Delete Title: (X) Change () Addition WELLMAN, HEATHER LIEBERMAN, VIRGINIA Name: Name:

Address: P.O. BOX 18574 Address: 6833 QUAIL HOLLOW BLVD. City-St-Zip: JACKSONVILLE, FL 32229 City-St-Zip: WESLEY CHAPEL, FL 33544

I hereby certify that the information supplied with this filing does not qualify 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: VIRGINIA LIEBERMAN D 04/11/2009