

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 15, 2004 8:00 am**  
**Secretary of State**

**DOCUMENT # N03000000061**

1. Entity Name

HUMANITY COMMUNITY SERVICE, INC.



07-15-2004 90040 001 \*\*\*\*61.25

07-15-2004 90040 002 \*\*\*\*13.75

Principal Place of Business Mailing Address  
830 BLACKLAND TERRACE, SUITE 102 830 BLACKLAND TERRACE, SUITE 102  
APOPKA FL 32703 APOPKA FL 32703

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. 1020 Abernathy Lane  
City & State APOPKA - FL  
Zip 32703 Country U.S.A.



MOORE CR2E037 (11/03)

4. FEI Number 22-3891688 Applied For Not Applicable  
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CIVIL, LEONARDO  
870 BLACKLAND TERRACE, SUITE 214  
APOPKA FL 32703

7. Name and Address of New Registered Agent

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 *Yves Martine Pierre Jacques (PD)*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

7/11/04

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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 PD  
NAME PIERRE JACQUES, YVES MARTINE MRS.  
STREET ADDRESS 830 BLACKLAND TERRACE, SUITE 102  
CITY-ST-ZIP APOPKA FL 32703 ☐ Delete

TITLE SD  
NAME CIVIL, LEONARDO  
STREET ADDRESS 870 BLACKLAND TERRACE, SUITE 214  
CITY-ST-ZIP APOPKA FL 32703 ☐ Delete

TITLE D  
NAME LAPOTIERE, EMMANUEL  
STREET ADDRESS 2366 NAUTICAL WAY  
CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Jude meus  
NAME Treasure  
STREET ADDRESS 1383 Lawell Hills Drive  
CITY-ST-ZIP CLERMONT FL 34711 ☐ Change ☒ Addition

TITLE public relation  
NAME Serge Pierre  
STREET ADDRESS 519 Greenbriar Blvd  
CITY-ST-ZIP ALTAMONTE SPRINGS 32714 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Yves Martine Pierre Jacques*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/04 1407 389-5782  
Date Daytime Phone #