

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 19, 2005 8:00 am**  
**Secretary of State**

08-19-2005 90010 036 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                 |                                                                                     |                                                                                                                                                                |                                                                                                         |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N03000000061</b><br>1. Entity Name<br><b>HUMANITY COMMUNITY SERVICE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                 |                                                                                     |                                                                                                                                                                |                        |                                                                              |
| Principal Place of Business<br><b>830 BLACKLAND TERRACE, SUITE 102<br/>APOPKA, FL 32703</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                 |                                                                                     | Mailing Address<br><b>1020 A BERNALHY LANE<br/># 202<br/>APOPKA, FL 32703</b>                                                                                  |                                                                                                         |                                                                              |
| 2. Principal Place of Business<br><b>STE. 214<br/>870 BLACKLAND TERRACE,</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                 | 3. Mailing Address<br><b>870 BLACKLAND TERRACE</b>                                  |                                                                                                                                                                |                                                                                                         |                                                                              |
| Suite, Apt. #, etc.<br><b>214</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                 | Suite, Apt. #, etc.<br><b>214</b>                                                   |                                                                                                                                                                |                                                                                                         |                                                                              |
| City & State<br><b>APOPKA, FLORIDA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                 | City & State<br><b>APOPKA, FLORIDA</b>                                              |                                                                                                                                                                |                                                                                                         |                                                                              |
| Zip<br><b>32703</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                 | Country<br><b>USA</b>                                                               |                                                                                                                                                                | 4. FEI Number<br><b>22-3891688</b>                                                                      |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                 | <b>\$8.75 Additional Fee Required</b>                                               |                                                                                                                                                                |                                                                                                         |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>CIVIL, LEONARDO<br/>870 BLACKLAND TERRACE, SUITE 214<br/>APOPKA, FL 32703</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                 |                                                                                     | 7. Name and Address of New Registered Agent<br>Name <b>SAME AS # 6</b><br>Street Address (P.O. Box Number is Not Acceptable)<br>-<br>City <b>FL</b> 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.<br><br>SIGNATURE <i>Leonardo Civil</i> <span style="float: right;">9-16-2005</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>                                                                                                                                                              |                                                                                                 |                                                                                     |                                                                                                                                                                |                                                                                                         |                                                                              |
| <b>Filing Fee is \$61.25<br/>Due by September 7, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                | <b>\$5.00 May Be Added to Fees</b>                                                                      |                                                                              |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                 |                                                                                     |                                                                                                                                                                |                                                                                                         |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                 |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                   |                                                                                                         |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>PIERRE JACQUES, YVES MARTINE MRS.<br>830 BLACKLAND TERRACE, SUITE 102<br>APOPKA, FL 32703 | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                 | PD<br>PIERRE-JACQUES, YVES MARTINE, MRS.<br>870 BLACKLAND TERRACE, SUITE 214,<br>APOPKA, FLORIDA, 32703 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SD<br>CIVIL, LEONARDO<br>870 BLACKLAND TERRACE, SUITE 214<br>APOPKA, FL 32703                   | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                 | SD<br>CIVIL, LEONARDO<br>870 BLACKLAND TERRACE, SUITE 214,<br>APOPKA, FLORIDA, 32703                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>LAPOTEIRE, EMMANUEL<br>2366 NAUTICAL WAY<br>WINTER PARK, FL 32792                          | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                 | D<br>LAPOTERIE, EMMANUEL                                                                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | T<br>MEUS, JUDE<br>1383 LAUREL HILLS DR<br>CLERMONT, FL 34711                                   | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                 | T<br>MEUS, JUDE<br>1383 LAUREL HILLS DRIVE<br>CLERMONT, FLORIDA, 34711                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PR<br>PIERRE, SERGE<br>519 GREENBRIAR BLVD<br>ALTAMONTE SPRINGS, FL 32714                       | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                 | PR<br>PIERRE, SERGE<br>870 BLACKLAND TERRACE, SUITE 214,<br>APOPKA, FLORIDA, 32703                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                 | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       | <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Yves Martine Pierre Jacques</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                                     | Date <b>9-15-2005</b> Daytime Phone # <b>389-5782</b>                                                                                                          |                                                                                                         |                                                                              |

**50062506**



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