

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004216

FILED
Mar 30, 2005
Secretary of State

Entity Name: FOUNDATION FOR HUMANITARIAN SERVICES, INC.

Current Principal Place of Business:

1506 EAST BEARSS AVE.
SUITE # 2
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

1506 EAST BEARSS AVE.
SUITE # 2
LUTZ, FL 33549

New Mailing Address:

FEI Number: 52-2392796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUCCEUS, MIREILLE P
3701 CARROLLWOOD PLACE CIRCLE
APT. 104
TAMPA, FL 33624 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: D () Delete
Name: LUCCEUS, MIREILLE P
Address: 3701 CARROLLWOOD PLACE CIRCLE
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: MATHURIN, MARLENE
Address: 59-30 108TH STREET
City-St-Zip: FORREST HILLS, NY 11368

Title: D () Delete
Name: PATRICE, CONCEPTIA R
Address: 2034 NW 43RD STREET
City-St-Zip: NORTH LAUDERDALE, FL 33313

Title: D () Delete
Name: PREDEL, JOSEPH P
Address: 100 N. CONGRESS AVENUE UNIT A-41
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: FLEURIMOND, LESLIE R
Address: 8120 SW 4TH STREET
City-St-Zip: NORTH LAUDERDALE, FL 33068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MIREILLE LUCCEUS

D

03/30/2005

Electronic Signature of Signing Officer or Director

Date