## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000009235

FILED May 09, 2008 Secretary of State

Entity Name: HUMANITY ASSISTANCE NON-PROFIT INCORPORATED FLORIDA

urrent P	rincipal Place of Business:	New Principal Place of Business:
	PENSACOLA STREET	
B5 ALLAHAS	SSEE, FL 32304	
urrent M	lailing Address:	New Mailing Address:
O BOX 1 ALLAHAS	369 SSEE, FL 323021369	PO BOX 1365 TALLAHASSEE, FL 323021365
	: 03-0603825 FEI Number Applied For() FE ce with s. 607.193(2)(b), F.S., the corporation did not reco	El Number Not Applicable ( ) Certificate of Status Desired (X) eive the prior notice.
ame and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
	ALIE BIAIRARA	
24 W PEI	AUF, NAIM M NSACOLA STREET	
24 W PEI B5		
24 W PEI B5 ALLAHAS he above	NSACOLA STREET SSEE, FL 32304 US	ose of changing its registered office or registered agent, or both,
24 W PE 35 ALLAHAS he above the State	NSACOLA STREET  SSEE, FL 32304 US  named entity submits this statement for the purpole of Florida.  RE:	
24 W PE 35 ALLAHAS he above the State	NSACOLA STREET  SSEE, FL 32304 US  named entity submits this statement for the purpole of Florida.	ose of changing its registered office or registered agent, or both,
24 W PEI B5 ALLAHAS he above I the State IGNATUI	NSACOLA STREET  SSEE, FL 32304 US  named entity submits this statement for the purpole of Florida.  RE:	
24 W PEI 35 ALLAHAS he above the State IGNATUI FFICERS ttle: ame: ddress:	NSACOLA STREET  SSEE, FL 32304 US  named entity submits this statement for the purpose of Florida.  RE:  Electronic Signature of Registered Agent	Date
24 W PEI 35 ALLAHAS he above the State	NSACOLA STREET  SSEE, FL 32304 US  named entity submits this statement for the purpose of Florida.  RE:  Electronic Signature of Registered Agent  S AND DIRECTORS:  D () Delete  ABDUR RAUF, NAIM M  924 W PENSACOLA STREET #B5	Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: ( ) Change ( ) Addition  Name: Address:

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: NAIM M. ABDUR RAUF D 05/09/2008