2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N06000009235

Entity Name: HUMANITY ASSISTANCE NON-PROFIT INCORPORATED FLORIDA

Current Principal Place of Business:

924 WEST PENSACOLA STREET
#B5
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

PO BOX 1365
TALLAHASSEE, FL 323021365

New Mailing Address:

FEI Number: 03-0603825 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ABDUR RAUF, NAIM M
924 W PENSACOLA STREET
#B5
TALLAHASSEE, FL 32304 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: ABDUR RAUF, NAIM M
Address: 924 W PENSACOLA STREET #B5
City-St-Zip: TALLAHASSEE, FL 32304

Title: D ( ) Delete
Name: MUSTAFA, YUSUF
Address: 1082 HIGHWAY 94
City-St-Zip: RARNER, AL 36069

Title: D ( ) Delete
Name: RAHIMI, JOHNATHAN
Address: 924 W PENSACOLA STREET #B3
City-St-Zip: TALLAHASSEE, FL 32304

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D ( ) Change (X) Addition
Name: HARRIS, NAEEM
Address: 1020 W PENSACOLA STREET
City-St-Zip: TALLAHASSEE, FL 323043617

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 ABDUR RAUF D 04/28/2009

Electronic Signature of Signing Officer or Director — Date