

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 14, 2005 08:00 AM
Secretary of State**

DOCUMENT # N25193

1. Entity Name
THE HUMANITARIAN SOCIETY, INC.



Principal Place of Business
**6811 VILLAS DRIVE
BOCA RATON, FL 33433 US**

Mailing Address
**6811 VILLAS DRIVE
BOCA RATON, FL 33433 US**



01252005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0055196

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOSES, WAYNE T
6811 VILLAS DRIVE
BOCA RATON, FL 33433**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MOSES, WAYNE T.
STREET ADDRESS 6811 VILLAS DRIVE
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE VD
NAME LABADINI, LOUIS J.
STREET ADDRESS 6811 VILLAS DRIVE
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE VD
NAME CAMPAGNONE, JANET
STREET ADDRESS 1515 N. FEDERAL #300
CITY-ST-ZIP BOCA RATON, FL

TITLE SD
NAME LIPMAN, YVONNE C.
STREET ADDRESS 6061 BALBOA CIRCLE, APT. 103
CITY-ST-ZIP BOCA RATON, FL

TITLE TD
NAME CIMINO, ROBERT S.
STREET ADDRESS 315 S.E. MIZNER BLVD. #212
CITY-ST-ZIP BOCA RATON, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000229267
02/14/05-80074-005 \$1.25

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #