

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>2000</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N97000000732</b>			
1. Corporation Name <b>HUMANITARIAN MEDICAL RELIEF, INC.</b>			
Principal Place of Business <b>2709 SWAMP CABBAGE COURT SUITE #5 FT. MYERS FL 33901</b>		Mailing Address <b>2709 SWAMP CABBAGE COURT SUITE #5 FT. MYERS FL 33901</b>	

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA



2. Principal Place of Business 21 <b>3309 SOUTH BROADWAY</b>		2a. Mailing Address 26 <b>3309 SOUTH BROADWAY</b>		3. Date Incorporated or Qualified <b>02/10/1997</b>	
Suite, Apt. #, etc. 22 <b>-</b>		Suite, Apt. #, etc. 27 <b>-</b>		4. FEI Number <b>65-0724974</b>	
City & State 23 <b>FORT MYERS, FLORIDA</b>		City & State 28 <b>FORT MYERS, FLORIDA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>33901</b>		Country 25 <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>BROW, JERRY L 2709 SWAMP CABBAGE COURT SUITE #5 FT. MYERS FL 33901</b>				10. Name and Address of New Registered Agent 81 Name <b>Brow, Jerry L</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3309 SOUTH BROADWAY</b> 83 <b>FORT MYERS FL</b> 84 City <b>FL</b> 85 Zip Code <b>33901</b>	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE <b>JERRY BROW</b> DATE <b>10/16/2000</b> <small>Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT BROW, JERRY L 3446 MARINATOWN LANE FORT FORT MYERS FL 33903</b>	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Mike DiAmoro 301 SE 15th TERRACE (T) CAPE CORAL, FLORIDA 33910</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST WARREN, TIA-LISA L. 13621 EAGLE RIDGE DRIVE FT. MYERS FL 33912</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T REIFF, BRENT 737 SW 5TH TERRACE CAPE CORAL FL 33991</b>	<input type="checkbox"/> DELETE (T)	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900903448159-9 11/02/00-01/01/01 *****70.00 *****70.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Joe PRANSON 737 SW 5TH TERRACE CAPE CORAL, FLORIDA 33991</b>	<input checked="" type="checkbox"/> DELETE (T)	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>John Beatrice 911 W. WOOD DRIVE HARTFORD CITY 47340</b>	<input type="checkbox"/> DELETE (T)	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mike DiAmoro 301 SE 15th TERRACE CAPE CORAL, FLORIDA 33910</b>	<input type="checkbox"/> DELETE (T)	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>KE</b>	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/2000 (941) 278-3545

CR25037 (11/98)



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501 (C) (3) Non-Profit

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida  
32314

RE: N97000000732; FEI 65-0724974

Greetings,

Please be advised that we have not received any notices for year 2000. It might be due to our address change in December 1998. We moved FROM: 2709 Swamp Cabbage Court, Suite 5, Fort Myers, Florida 33901.

TO: 3309 South Broadway Fort Myers, Florida 33901-USA

We have submitted a letter to every department we knew about and the Volunteer member Brigid Soldavini, CPA was to submit a year 2000 Annual Report, but we had not received the forms to accomplish this.

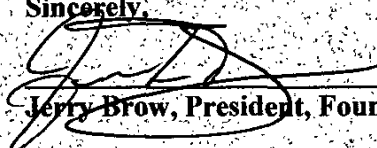
Please waive all the fees associated with this filing.

I spoke with Tyrone of the Florida Department of State on October 16, 2000, which informed us to submit the attached Annual Report dated 1999 and cross out the year 1999 and write in the year 2000, with additions and subtractions of and members. In addition, to submit a check or money order for \$61.25 (Enclosed Money Order). And we would like to have a "Certificate of Status" sent to us. Also enclosed within the Money Order of \$70.00, \$61.25 for the registration and \$8.75 for the certificate totaling \$70.00 made payable to Florida Department of State. RE: 65-0724974

Within the Annual report 2000, we noted the address change as well.

We thank you for your prompt attention.

Sincerely,

  
Jerry Brow, President, Founder, Registered Agent

Humanitarian Medical Relief, Inc.  
3309 South Broadway Street • Fort Myers, Florida 33901  
Office/Fax (941) 278-3545 • Pager (941) 335-4410 • www.HumanitarianMedical.org