2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# N97000002314

Entity Name: THE INTERNATIONAL ASSOCIATION FOR THE ADVANCEMENT OF HUMAN WELFARE, INC.

Current Principal Place of Business:

6465 VIA BENITA
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

PO BOX 880229
BOCA RATON, FL 33488

New Mailing Address:

FEI Number: 65-0752372 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANDWERKER, STEVE E
7300 W CAMINO REAL, #229
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

HANDWERKER, STEVE E
6465 VIA BENITA
BOCA RATON, FL 33433 US

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: _____ 03/03/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HANDWERKER, MICHELLE
Address: 6465 VIA BENITA
City-St-Zip: BOCA RATON, FL 33433

Title: D ( ) Delete
Name: HANDWERKER, MURRAY
Address: 19508 ISLAND CT
City-St-Zip: BOCA RATON, FL 33434

Title: PSTD ( ) Delete
Name: HANDWERKER, STEVEN E
Address: 6465 VIA BENITA
City-St-Zip: BOCA RATON, FL 33433

Title: REV (X) Delete
Name: RAYBURN, DR. CAROLE
Address: 1200 MORNINGSIDE DRIVE
City-St-Zip: SILVER SPRING, MD 20904

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:

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: STEVEN E HANDWERKER PRES 03/03/2009
Electronic Signature of Signing Officer or Director — Date