

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006830

FILED  
May 03, 2005  
Secretary of State

Entity Name: FAMILY OF HUMANITY, INC.

## Current Principal Place of Business:

3896 FARRAGUT STREET  
HOLLYWOOD, FL 33021 US

## New Principal Place of Business:

## Current Mailing Address:

3896 FARRAGUT STREET  
HOLLYWOOD, FL 33021 US

## New Mailing Address:

FEI Number: 65-0928875      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

BRUNETTI, LORETTA L  
3896 FARRAGUT STREET  
HOLLYWOOD, FL 33021 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 (X) Delete  
Name: SIEGEL, DEBRA D  
Address: 9401 SW 118 TERRACE  
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete  
Name: BEDELL, SUSAN D  
Address: 3050 NW 183 STREET  
City-St-Zip: MIAMI, FL 33056

Title: P ( ) Delete  
Name: BRUNETTI, LORETTA P  
Address: 3896 FARRAGUT ST.  
City-St-Zip: HOLLYWOOD, FL 33021

Title: SD ( ) Delete  
Name: MAYNARD, SHIRLEY SD  
Address: 9613 NW 16 STREET  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: TD ( ) Delete  
Name: WOODS, LIZ TD  
Address: 200 W. ATLANTIC AVENUE  
City-St-Zip: DELRAY, FL 33444

Title: D ( ) Delete  
Name: TAYLOR, MAVIS D  
Address: 1450 NW 53 STREET  
City-St-Zip: MIAMI, FL 33142

## 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:

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 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 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: LORETTA BRUNETTI

OD

05/03/2005

Electronic Signature of Signing Officer or Director

Date