2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006830

Entity Name: FAMILY OF HUMANITY, INC.

FILED Jan 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3896 FARRAGUT STREET HOLLYWOOD, FL 33021 US **Current Mailing Address: New Mailing Address:** 3896 FARRAGUT STREET HOLLYWOOD, FL 33021 US FEI Number: 65-0928875 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRUNETTI, LORETTA L 3896 FARRAGUT STREET US HOLLYWOOD, FL 33021 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SAVOR, KATHLEEN ESQ Name: Name: 2514 HOLLYWOOD BLVD. Address: Address: City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SCOTT, STANLEY R Name: Address: 2 ALHAMBRA PLAZA, SUITE 1050 Address: City-St-Zip: CORAL GABLES, FL 333134 City-St-Zip: Title: () Delete Title: () Change () Addition RENZAGLIA, KAREN Name: Name: 4205 HOLLYWOOD BLVD. Address: Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: Title: () Delete Title: () Change () Addition Name: FRIED, CHERYL Name: 2010 NW 150 AVE. Address: Address: PEMBROKE PINES, FL 33028 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition MEDEROS, GERARDO Name: Name: 4350 SHERIDAN ST., SUITE 101 Address: Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: Title: () Delete Title: () Change () Addition PUIG. MONICA Name: Name: Address: 20533 BISCAYNE BLVD., #466 Address: MIAMI, FL 33180 City-St-Zip: 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: KATHLEEN SAVOR P 01/12/2009