

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

DOCUMENT # N99000005056



1. Entity Name  
HUMANITARIAN UNIVERSAL CONNEXIONS, INC.

Principal Place of Business  
2712 CHARLESTON CT.  
TALLAHASSEE, FL 32308

Mailing Address  
2712 CHARLESTON CT.  
TALLAHASSEE, FL 32308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3622051

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HERON, TERESA M  
2712 CHARLESTON CT.  
TALLAHASSEE, FL 32308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME APPLEGATE, LIGIA M  
STREET ADDRESS 3428 CLIFFDEN DR  
CITY-ST-ZIP TALLAHASSEE, FL 32309

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE SD  
NAME TERESA, HERON M  
STREET ADDRESS 2712 CHARLESTON CT  
CITY-ST-ZIP TALLAHASSEE, FL 32309

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE VP  
NAME VILLAMAR, ROSA  
STREET ADDRESS OWENBY DR  
CITY-ST-ZIP TALLAHASSEE, FL 32309

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE T  
NAME GAYNOR, SANDRA  
STREET ADDRESS 1803 CHULI NENE  
CITY-ST-ZIP TALLAHASSEE, FL 32301

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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: *Teresa M. Heron***

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05

850/893-9793

Date

Daytime Phone #



2005/03

**FILED  
Apr 18, 2005 8:00 am  
Secretary of State**

04-18-2005 90580 001 \*\*\*\*61.25