

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005056

FILED  
Jan 15, 2012  
Secretary of State

**Entity Name:** HUMANITARIAN UNIVERSAL CONNEXIONS, INC.

**Current Principal Place of Business:**

2712 CHARLESTON CT.  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

**Current Mailing Address:**

2712 CHARLESTON CT.  
TALLAHASSEE, FL 32309

**New Mailing Address:**

**FEI Number:** 59-3622051

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HERON, TERESA M  
2712 CHARLESTON CT.  
TALLAHASSEE, FL 32309 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: PD  
Name: APPELGATE, LIGIA M  
Address: 3428 CLIFDEN DR  
City-St-Zip: TALLAHASSEE, FL 32309

Title: SD  
Name: TERESA, HERON M  
Address: 2712 CHARLESTON CT  
City-St-Zip: TALLAHASSEE, FL 32309

Title: VP  
Name: AMADOR, CLAUDIA  
Address: 2224 UPLAND WAY  
City-St-Zip: TALLAHASSEE, FL 32311

Title: T  
Name: JENSEN, MAGDA  
Address: 8231 CHICKASAW  
City-St-Zip: TALLAHASSEE, FL 32312

Title: CD  
Name: ASH, EUGENIA M  
Address: 9244 LAKE SERENA DRIVE  
City-St-Zip: BOCA RATON, FL 33496

I hereby 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 all other like empowered.

**SIGNATURE:** TERESA HERON

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01/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date