

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24000008626

**Entity Name:** HUMANITY FOR MANKIND INC

**Current Principal Place of Business:**

2054 CLASSIQUE LN  
TAVARES, FL 32778

**Current Mailing Address:**

2054 CLASSIQUE LN  
TAVARES, FL 32778 US

**FEI Number: 33-4912398**

**Certificate of Status Desired: No**

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

NDOLO, PURITY  
36926 BEE MEADOW CT  
EUSTIS, FL 32736 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name NDOLO, PURITY  
Address 36926 BEE MEADOW CT  
City-State-Zip: EUSTIS FL 32736

Title VP  
Name GRAY, SUSAN  
Address 13200 WINTERTON LANE  
City-State-Zip: ORLANDO FL 32832

Title D  
Name MUTHAISU, CAROLINE  
Address 3524 TURNINGWIND LANE  
City-State-Zip: WINTER GARDEN FL 34787

Title D  
Name MALIKA, NANCY  
Address 1922 HENIN CIR  
City-State-Zip: TAVARES FL 32778

Title D  
Name NGILA, LUCILLE  
Address 1922 HENIN CIR  
City-State-Zip: TAVARES FL 32778

*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: NANCY MWENDE MALIKA**

**DIRECTOR**

**05/01/2025**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date