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: LINDA CARTER

Electronic Signature of Signing Officer/Director Detail

Current Principal Place of Business:
1431 W. PEACHTREE STREET
COCOA, FL 32922

#### **Current Mailing Address:**

1431 W. PEACHTREE STREET COCOA, FL 32922 US

#### FEI Number: 86-0264917

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

Electronic Signature of Registered Agent

CARTER, LINDA 1431 W PEACHTREET COCOA, FL 32922 US

DOCUMENT# 831172

#### Entity Name: UNITED HUMANITARIANS, A CORPORATION

# 2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

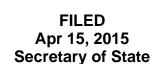
Certificate of Status Desired: Yes

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:

**Officer/Director Detail :** Title SD Title D VANHORN, FRANKIE Name WILLIAMS, SUE Name 901 WILLIAMS DITCH ROAD Address 2204 PAIDPRINTS LANE Address City-State-Zip: BRISTOL VA 24202 CANTONMENT FL 32533 City-State-Zip: Title EVP Title TD Name CARTER, LINDA BAKER, IRENE Name Address 1431 W. PEACHTREE Address **112 WEST CARIBBEAN** COCOA FL 32922 City-State-Zip: City-State-Zip: PORT ST. LUCIE FL 34950 Title DIR CARTER, RAYMOND Name 518 LIGHTHORSE LANE APT#2321 Address City-State-Zip: ORLANDO FL 32818

EVP



CC6819745913

Date

## 04/15/2015

Date