

**2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 831172

**FILED**  
**Apr 27, 2016**  
**Secretary of State**  
**CC4771716138**

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

**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

**Certificate of Status Desired:** Yes

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

CARTER, LINDA  
1431 W PEACHTREET  
COCOA, FL 32922 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 SD  
Name VANHORN, FRANKIE  
Address 901 WILLIAMS DITCH ROAD  
City-State-Zip: CANTONMENT FL 32533

Title D  
Name WILLIAMS, SUE  
Address 2204 PAIDPRINTS LANE  
City-State-Zip: BRISTOL VA 24202

Title TD  
Name BAKER , IRENE  
Address 112 WEST CARIBBEAN  
City-State-Zip: PORT ST. LUCIE FL 34950

Title EVP  
Name CARTER, LINDA  
Address 1431 W. PEACHTREE  
City-State-Zip: COCOA FL 32922

Title DIR  
Name CARTER, RAYMOND  
Address 518 LIGHTHORSE LANE APT#2321  
City-State-Zip: ORLANDO FL 32818

*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

**EVP**

**04/27/2016**

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

\_\_\_\_\_  
Date