FILE NOW: FILING FEE IS $61.25

FILED
Jun 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751485 (4)

1. Corporation Name
FLORIDA HUMANITIES COUNCIL, INCORPORATED

Principal Place of Business	Mailing Address
1514 1/2 EAST 8TH AVENUE TAMPA FL 33605	1514 1/2 EAST 8TH AVENUE TAMPA FL 33605-3708

3. Date Incorporated or Qualified: 03/11/1980
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 1725 1/2 E. 7th Avenue
Suite, Apt. #, etc. 22:
City & State 23: Tampa, FL
Zip 24: 33605 Country 25:

2a. Mailing Address
26: 1725 1/2 E. 7th Avenue
Suite, Apt. #, etc. 27:
City & State 28: Tampa, FL
Zip 29: 33605 Country 30:

4. FEI Number: 23-7304964 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HENSERSON, ANN LYMAN
FLORIDA HUMANITIES COUNCIL, INCORPORATED
1514 1/2 EAST 8TH AVENUE
TAMPA 33605

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ABBERGER, B. L III		1.2 NAME		
STREET ADDRESS	208 SOUTH MONROE ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HALL, WILLIAM T		2.2 NAME		
STREET ADDRESS	PO BOX 98 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HENDERSON, ANN LYMAN		3.2 NAME		
STREET ADDRESS	1514 1/2 E 8TH AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	~~CD~~	☐ DELETE	4.1 TITLE	CD	☐ Change ☒ Addition
NAME	Chapin, Lloyd		4.2 NAME	Chapin, Lloyd	
STREET ADDRESS	~~P.O. Box 12560~~		4.3 STREET ADDRESS	P.O. Box 12560 ~ N/A	
CITY-ST-ZIP	~~St. Petersbo~~		4.4 CITY-ST-ZIP	St. Petersburg, FL 33733	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	Ginny Myrick	
STREET ADDRESS			5.3 STREET ADDRESS	220 E. Bay St., 14th Floor	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.