

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751485 (4)
 1. Corporation Name
FLORIDA HUMANITIES COUNCIL, INCORPORATED



Principal Place of Business 1725 1/2 E 7TH AVE TAMPA FL 33605 US	Mailing Address 1725 1/2 7TH AVE TAMPA FL 33605 US	3. Date Incorporated or Qualified 03/11/1980
		4. FEI Number 23-7304964
		Applied For ☐ Yes ☒ Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No
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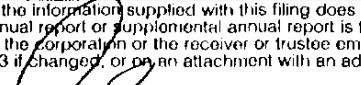
9. Name and Address of Current Registered Agent HENSENSON, ANN LYMAN FLORIDA HUMANITIES COUNCIL, INCORPORATED 1514 1/2 EAST 8TH AVENUE TAMPA 33605	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 1725 1/2 E. 7th Ave. 84 City FL 85 Zip Code
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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 _____ (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	CHAPIN, LLOYD	1.2 NAME	
STREET ADDRESS	P.O. BOX 12580 N/A	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL	1.4 CITY - ST - ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	MYRICK, GINNY	2.2 NAME	
STREET ADDRESS	220 E BAY ST, 14TH FLOOR	2.3 STREET ADDRESS	117 W. Duval St. Ste. 400
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	Jacksonville, FL
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	1725 1/2 E. 7th Ave.
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	Tampa, FL
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
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	

14. I 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.

SIGNATURE:  **Ann L. Henderson** **2/13/98** **(813) 272-3473**

CR2E037 (10/97)