2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 17, 2005 8:00 am Secretary of State 02-17-2005 90020 009 ****61.25

DOCUMENT # 751485 1. Entity Name FLORIDA HUMANITIES COUNCIL, INCORPORATED							72-17-200 <i>0</i>	70020 007	. 0	1.20
Principal Place of Business 599 2ND STREE SOUTH SAINT PETERSBURG, FL 33701-5005 US Mailing Address 599 2ND STREE SOUTH SAINT PETERSBURG, FL 33701-5005 US					1-5005 US	7.	101000			
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02012005 C	hg-NP	CR2E037 ((10/03)	
City & State			City & State			4. FEI Number 23-730496	 64	1		ptied For t Applicable
Zip	p Country		Zip	Country		5. Certificate of S	tatus Desired		3.75 Add e Required	
	6. Name ar	nd Address of Current I	Registered Agent			7. Name and Ad	dress of New I	Registered Age	ent	
					Name	Janine F	arver	-		
CARY, FRANCINE 599 2ND STREET S					Street Address (P.O. Box Number is Not Acceptable)					
SAINT PETERSBURG, FL 33701-5005				-		599-2nd	51.S			
					City S	+ Petersburg FL 2133701				
	named entity s		the purpose of changing	ts register	ed office or reg	gistered agent, or both, in	the State of Fl	orida. I am fam	iliar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE										
	Sidnature, typed or p	printed name of registered agent s	and tale it applicable. (No	TIE: Hegistere	ed Agent signature re	equired when reinstating)				
10 ·	Filing Fee Due by Ma	is \$61.25	9. Election C Trust Fund	ampaign l	inancing _	\$5.00 May Be Added to Fees		lake check parima		
10.	Filing Fee	is \$61.25	9. Election C	ampaign l	Financing Cion.	\$5.00 May Be	Flo	lake check pa rida Departma	ent of St	ate
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR