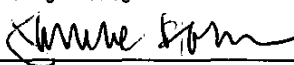
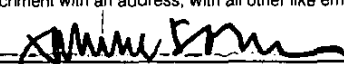


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90015 030 ****70.00

DOCUMENT # 751485 1. Entity Name FLORIDA HUMANITIES COUNCIL, INCORPORATED					
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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02012008 Chg-NP -CR2E037-(12/06)-	
Zip Country		Zip Country		4. FEI Number 23-7304964	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FARVER, JANINE 599 2ND STREET S SAINT PETERSBURG, FL 33701			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  2-1-08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABBEIGER, LESTER P.O. BOX 1168 TALLAHASSEE, FL 32315	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABBERGER, LESTER P.O. Box 1168 TALLAHASSEE, FL 32315	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELOHLAVEK, JOHN 702-S FIELDING AVE. TAMPA, FL 33606	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ward, Jon P.O. Box 13024 Fort Pierce, FL 34979	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILLINGSLEY, FRANK 400 S. ORANGE AVE 6TH FLOR ORLANDO, FL 32801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C COLBURN, DAVID P.O BOX 117320 GAINESVILLE, FL 32611	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  2-1-08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					