2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 751485

1. Entity Name FLORIDA HUMANITIES COUNCIL, INCORPORATED

FILED
Feb 19, 2008 8:00 am Secretary of State
02-19-2008 90015 030 \*\*\*\*70.00

FLORIDA	HUMANITIES COUNCIL, I	NCORPORATED							
Principal Plac 599 2ND STI SAINT PETER		Mailing Address 599 2ND STREE SOUTH SAINT PETERSBURG, FL	33701-5005 US	S	' 1 183//1 1888) <b>1</b> /	ifi (1811 <b>1</b> 7388) (1738) !	IIII FIBIY <b>êlê</b> n b	FAN SIZH BIBA BIB	#NN NI 1301
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	Mailing Address						
Suite, Apt. #. etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		2012008	Chg-NP	-CR2E	037-(12/06)-	
City & State		City & State	City & State		FEI Number 23-73049	964		<del></del>	oplied For ot Applicable
Zip	Country	Zip	Country	5.	. Certificate of	Status Desired	M	\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent		7.	Name and A	ddress of New	Registered	Agent	
FARVER .	IANINE		Name						
FARVER, JANINE 599 2ND STREET S SAINT PETERSBURG, FL 33701			Street Address		. Box Number	s Not Acceptat	ole)		
	8 8 <sup>2</sup>	•							
,			City				F		
	named entity submits this statement follows of registered agent.	or the purpose of changing its re	egistered office or	registered a	agent, or both,	in the State of f	lorida. I an	n familiar with,	and accept
	Xmme som	_				_		n4	
SIGNATURE .	Signature, typed or printed name of registered agent		Registered Agent signatur	re required whe	n reinstating)		DATE		<del></del>
						<del></del>		4	
ا املی برود بیار ۱	Filing Fee is \$61.25	9. Election Camp Trust Fund Co		<b>\$</b> \$ □ Ad	5.00 May Be			ck payable tartment of S	
	Due by May 1, 2008	Trust Fund Co	ontribution.	LJ Ad	ded to Fees	Fic	orida Depa	artment of S	tate
10.	_	Trust Fund Co		ADC ADC	ded to Fees	FIGES TO OFFIC	orida Depa	artment of S	tate
10. TITLE NAME	OFFICERS AND DI D ABBEIGER, LESTER	Trust Fund Co	ntribution.  11.  TITLE  NAME	D ABBER	ded to Fees OITIONS/CHAN GER, LESI	FIGES TO OFFIC	orida Depa	IRECTORS IN	tate
10.	OFFICERS AND DI D ABBEIGER, LESTER P.O. BOX 1168	Trust Fund Co	ontribution.  11. TITLE NAME STREET ADDRESS	D ABBER	ded to Fees DITIONS/CHAN GER, LESI V 1168	FIGES TO OFFIC	orida Depa	IRECTORS IN	tate
10. TITLE NAME STREET ADDRESS	OFFICERS AND DI D ABBEIGER, LESTER	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ABBER P.O.BU	ded to Fees DITIONS/CHAN GER, LESI Y 1168 HASSEE	FIGES TO OFFICE TEC TEC 323(5)	orida Depa	IRECTORS IN	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2008  OFFICERS AND DI  D ABBEIGER, LESTER P.O. BOX 1168 TALLAHASSEE, FL 32315 D BELOHLAVEK, JOHN	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ABBER P.O.BU	ded to Fees DITIONS/CHAN GER, LESI Y 1168 HASSEE	FIGES TO OFFICE TEC TEC 323(5)	orida Depa	DIRECTORS IN  Change	tate  10  Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2008  OFFICERS AND DI  D ABBEIGER, LESTER P.O. BOX 1168 TALLAHASSEE, FL 32315 D	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADD ABBER P.O.BO TAULA D Ward P.O.B	ded to Fees  ITIONS/CHAN  GER, LESI  Y 1168  HASSEE  JON  OX 1302	FIGES TO OFFICE TER TER TER TER TER TER TER TER TER TE	orida Depa	DIRECTORS IN  Change	tate 10 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2008  OFFICERS AND DI  D ABBEIGER, LESTER P.O. BOX 1168 TALLAHASSEE, FL 32315 D BELOHLAVEK, JOHN 702-S FIELDING AVE.	Trust Fund Co	11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ADD ABBER P.O.BO TAULA D Ward P.O.B	ded to Fees  ITIONS/CHAN  GER, LESI  Y 1168  HASSEE  JON  OX 1302	FIGES TO OFFICE TEC TEC 323(5)	orida Depa	DIRECTORS IN  Change	tate  10  Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	Due by May 1, 2008  OFFICERS AND DI  D ABBEIGER, LESTER P.O. BOX 1168 TALLAHASSEE, FL 32315 D BELOHLAVEK, JOHN 702-S FIELDING AVE. TAMPA, FL 33606 D BILLINGSLEY, FRANK	Trust Fund Co	11.  TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME	ADD ABBER P.O.BO TAULA D Ward P.O.B	ded to Fees  ITIONS/CHAN  GER, LESI  Y 1168  HASSEE  JON  OX 1302	FIGES TO OFFICE TER TER TER TER TER TER TER TER TER TE	orida Depa	DIRECTORS IN Change	i 10 ☐ Addition
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12. Thereby certify that the information supplied with this filing does not quality 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: Daytime Phone #