

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000006969

**Entity Name:** THE WARREN AND AUGUSTA HUME FOUNDATION, INC.

**FILED**  
**Jan 24, 2024**  
**Secretary of State**  
**6368090201CC**

**Current Principal Place of Business:**

1620 MAYFLOWER COURT  
APT A-115  
WINTER PARK, FL 32792

**Current Mailing Address:**

1620 MAYFLOWER COURT  
APT A-115  
WINTER PARK, FL 32792

**FEI Number: 13-3675579**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WHWW, INC.  
329 PARK AVENUE NORTH  
SECOND FLOOR  
WINTER PARK, FL 32789 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DC  
Name HUME, WARREN C  
Address 1620 MAYFLOWER COURT APT A-115  
City-State-Zip: WINTER PARK FL 32792

Title DVC  
Name HUME, AUGUSTA Y  
Address 1620 MAYFLOWER COURT APT A-115  
City-State-Zip: WINTER PARK FL 32792

Title DVP  
Name HUME, CHRISTINA  
Address 115 CHAMPLAIN STREET  
City-State-Zip: DECATUR GA 30030

Title DT  
Name CREIGHTON, G RUSSELL  
Address 1579 THE GREENS WAY #20  
City-State-Zip: JACKSONVILLE FL 32250

Title DS  
Name WARD, HAROLD AIII  
Address 329 PARK AVENUE NORTH, 2ND FLOOR  
City-State-Zip: WINTER PARK FL 32789

Title DP  
Name HUME, NICHOLAS DR  
Address 693 MOUNTAIN DRIVE, N.E.  
City-State-Zip: ATLANTA GA 30342

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: CHRISTINA HUME**

**DVP**

**01/24/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date