


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # F0000006969					
1. Entity Name THE WARREN AND AUGUSTA HUME FOUNDATION, INC.					
Principal Place of Business 700 MELROSE AVENUE, APT 2C WINTER PARK FL 32789			Mailing Address 700 MELROSE AVENUE, APT 2C WINTER PARK FL 32789		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number 13-3675579	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WARD III, HAROLD A 250 PARK AVENUE, SOUTH 5TH FL WINTER PARK FL 32789			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		<i>Warren C Hume Pres.</i>		1/23/04	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>NOTE: Registered Agent signature required when reinstating.</small>		<small>DATE</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUME, WARREN C		NAME		
STREET ADDRESS	700 MELROSE AVENUE APT 2C		STREET ADDRESS		
CITY - ST - ZIP	WINTER PARK FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUME, AUGUSTA Y		NAME		
STREET ADDRESS	700 MELROSE AVENUE APT 2C		STREET ADDRESS		
CITY - ST - ZIP	WINTER PARK FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROTHERS, ELIZABETH		NAME		
STREET ADDRESS	700 MELROSE AVENUE APT 2C		STREET ADDRESS		
CITY - ST - ZIP	WINTER PARK FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CREIGHTON, G RUSSELL		NAME		
STREET ADDRESS	700 MELROSE AVENUE APT 2C		STREET ADDRESS		
CITY - ST - ZIP	WINTER PARK FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARD III, HAROLD A		NAME		
STREET ADDRESS	250 PARK AVE, SOUTH 5TH FL		STREET ADDRESS		
CITY - ST - ZIP	WINTER PARK FL		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		



MOORE CR2E037 (11/03)

4. FEI Number **13-3675579** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL
Zip Code	

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SIGNATURE Warren C Hume Pres. **1/23/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

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Due By May 1, 2004**

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**Make Check Payable to
Florida Department of State**

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CITY - ST - ZIP			CITY - ST - ZIP		

12. 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 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: Warren C Hume **WARREN C HUME 1/21/04 407645413**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #