



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # F00000006969 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 - No P.O. Box #		3. Mailing Address		 1st MOORE CR2E037 (10/07)	
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 13-3675579	Applied For <input type="checkbox"/> Not Applicable
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	
WHWW, INC. 390 N. ORANGE AVENUE, SUITE 1500 ORLANDO FL 32801				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 _____ DATE _____ <small>Signature (Typed or Printed Name of registered agent and "Not Applicable" (NOTE: Registered Agent signature not used when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DC	<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	DT	<input type="checkbox"/> Delete	TITLE	<input checked="" 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, HAROLD A III		NAME		
STREET ADDRESS	250 PARK AVE, SOUTH 5TH FL		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, NICHOLAS DR		NAME		
STREET ADDRESS	693 MOUNTAIN DRIVE, N.E.		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30342		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Handwritten Signature]

1/28/08