

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

95 MAY - 1 PH 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Corporation Name
AMERICAN SOCIETY OF HUMANISTIC EDUCATION, INC.

DOCUMENT #
F93000005821 (4)

175 LOOKOUT PLACE
STE. 110
MATLAND FL 32751

175 LOOKOUT PLACE
STE. 110
MATLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1983
3a. Date of Last Report: 4/11/94

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| | | | |
|------------------------|---------------------------------|--|--|
| 1. Mailing Address | 2a. Principal Place of Business | 4. FEI Number | Applied For |
| 1 | 2a | 59-2031425 | Not Applicable |
| 2. Suite, Apt. #, etc. | 2b. Suite, Apt. #, etc. | 5. Certificate of Status Desired | 6. Election Campaign Financing Trust Fund Contribution |
| Suite 101 | | \$8.75 Additional Fee Required <input type="checkbox"/> | <input type="checkbox"/> |
| 3. City & State | 2c. City & State | 7. Nonprofit Exempt from \$138.75 Supplemental Fee | \$5.00 May Be Added to Fees |
| | | <input checked="" type="checkbox"/> | |
| 4. Zip | 2d. Zip | 8. This corporation has liability for intangible tax under S. 199.03, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | |

9. Name and Address of Current Registered Agent
Hilshheim
VON HILSHEIMEN GEORGE
175 LOOKOUT PLACE
MATLAND FL 32751

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required when resigning)

| 12. OFFICERS AND DIRECTORS | | 13. CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------------|---|-----------------------|
| 11 TITLE | D FREW NANCY | 11 TITLE | |
| 12 NAME | | 12 NAME | 400001472894 |
| 13 STREET ADDRESS | 8180 GASCADIE RD. | 13 STREET ADDRESS | -05/03/95--01053--009 |
| 14 CITY-ST-ZIP | ORLANDO FL 32822 | 14 CITY-ST-ZIP | *****61 25 *****61 25 |
| 21 TITLE | D Hilshheim VON HILSHEIMEN GEORGE | 21 TITLE | |
| 22 NAME | | 22 NAME | |
| 23 STREET ADDRESS | 160 W. TNOTTENS DR. | 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | MATLAND FL 32751 | 24 CITY-ST-ZIP | |
| 31 TITLE | P MCCOY ROBERT | 31 TITLE | |
| 32 NAME | | 32 NAME | |
| 33 STREET ADDRESS | 549 TURNPIKE RD. | 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | GOLDEN VALLEY MN | 34 CITY-ST-ZIP | |
| 41 TITLE | V SCOVELL WILLIAM | 41 TITLE | |
| 42 NAME | | 42 NAME | |
| 43 STREET ADDRESS | 335 MICHIGAN AVE. | 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | DELAND FL 32724 | 44 CITY-ST-ZIP | |
| 51 TITLE | S/T WARNER JONNIE MAE | 51 TITLE | |
| 52 NAME | | 52 NAME | |
| 53 STREET ADDRESS | 1105 CHICHESTEN ST. | 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | ORLANDO FL 32803 | 54 CITY-ST-ZIP | |
| 61 TITLE | D FRIEND, TOMM | 61 TITLE | |
| 62 NAME | | 62 NAME | |
| 63 STREET ADDRESS | 2924 TURNBULL BAY RD. | 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | NEW SMYRNA FL 32168 | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jonnie Mae Warner Jonnie MAE WARNER 4/29/95 (407)660-2098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Extra Fee \$