

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000005821 (4)

1. Corporation Name  
**American Society of Humanistic Education, Inc**

Principal Place of Business Mailing Address  
**175 Lookout Place 175 Lookout Place**  
**STE 101 STE 101**  
**Maitland, FL 32751 Maitland FL 32751**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	12/22/93	5/1/95
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	59-2031425	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25	30	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
VONHILSKEMER, GEORGE		81 Name	
175 LOOKOUT PLACE		82 Street Address (P.O. Box Number is Not Acceptable)	
MAITLAND, FL 32751		200001806752	
		-05/03/96--01032--042	
		84 City ***200.00	
		85 FL Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	D Friend, Tomm	2924 TURNBULL BAY RD.	NEW SMYRNA FL 32162				
	D VONHILSKEMER, GEORGE	160 W. TROTTERS DR.	MAITLAND, FL 32751	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	P MCCOY ROBERT	549 TURNBULL RD.	GOLDEN VALLEY, MN 55416	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	V SCORRELL, WILLIAM	235 MICHIGAN AVE	DELAND, FL 32724	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
	ST WARNER, JONNIE MAE	1105 CHICHESTER ST.	ORLANDO, FL 32803	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
				6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 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)(k), Florida Statutes. 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 am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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** 4/24/96 (407) 644-6464

CFR2E034 (12/95)