

FILE NOW: FILING FEE IS \$61.25.

FILED

Jun 18 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

**175 LOOKOUT PLACE
STE. 101
MAITLAND FL 32751**

Mailing Address

**175 LOOKOUT PLACE
STE. 101
MAITLAND FL 32751-4494**

3. Date Incorporated or Qualified
12/22/1993

3a. Date of Last Report
05/03/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2031425

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**VON HILSHEIMER, GEORGE
175 LOOKOUT PLACE
MAITLAND 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

FL

85 Zip Code

11. Pursuant to the provisions of 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **FRIEND, TOMM**
STREET ADDRESS **2024 TURNBULL BAY RD.**
CITY-ST-ZIP **NEW SMYRNA FL 32168**

TITLE **D** ☐ DELETE
NAME **VON HILSHEIMER, GEORGE**
STREET ADDRESS **160 W. TROTTERS DR.**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **ST** ☐ DELETE
NAME **MCCOY, ROBERT**
STREET ADDRESS **549 TURNBULL RD.**
CITY-ST-ZIP **GOLDEN VALLEY MN 55416**

TITLE **V** ☐ DELETE
NAME **SCOVELL, WILLIAM**
STREET ADDRESS **335 MICHIGAN AVE.**
CITY-ST-ZIP **DELAND FL 32724**

TITLE **P** ☐ DELETE
NAME **WARNER, JONNIE MAE**
STREET ADDRESS **160 W. TROTTERS D.R**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
30000221 75-33-2
-06/19/97-01106-003
*******61.25 *****61.25**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
6-18-97

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]*

CR2E037 (9/96)