

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005821

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: AMERICAN SOCIETY OF HUMANISTIC EDUCATION, INC.

**Current Principal Place of Business:**

125 S SWOOPE AVE  
109  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

125 S SWOOPE AVE  
109  
MAITLAND, FL 32751

**New Mailing Address:**

FEI Number: 59-2031425      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VON HILSHEIMER, GEORGE  
125 S SWOOPE AVE  
109  
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WARNER, JONNIE M  
Address: 160 W TROTTERS DR  
City-St-Zip: MAITLAND, FL 32751

Title: V ( ) Delete  
Name: VONHILSHEIMER, GEORGE  
Address: 160 W. TROTTERS DRIVE  
City-St-Zip: MAITLAND, FL 32751

Title: ST ( ) Delete  
Name: GILL, GREG  
Address: 740 LINCOLN RD  
City-St-Zip: DELAND, FL 32724

Title: D ( ) Delete  
Name: WARNER, DENNIS  
Address: 1616 ORANOLE RD  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: SCOVELL, WILLIAM  
Address: 325 MICHIGAN AVENUE  
City-St-Zip: DELAND, FL 32724

Title: D ( ) Delete  
Name: WARNER, DEREK  
Address: 2006 LOCHBERRY RD  
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONNIE MAE WARNER

PRES

04/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date