

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005821

FILED
May 02, 2009
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:

160 W. TROTTERS DRIVE
MAITLAND, FL 32751

Current Mailing Address:

125 S SWOOPE AVE
109
MAITLAND, FL 32751

New Mailing Address:

160 W. TROTTERS DRIVE
MAITLAND, FL 32751

FEI Number: 59-2031425 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:

VON HILSHEIMER, GEORGE
160 W. TROTTERS DRIVE
MAITLAND, FL 32751 US

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:

05/02/2009

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

05/02/2009

Electronic Signature of Signing Officer or Director

Date