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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000000864 (6)**

1. Corporation Name

THE HUMANITIES FOUNDATION, INC.

Principal Place of Business

Mailing Address

**741-B JOHNNIE DODDS BLVD
MT PLEASANT SC 29464**

**741-B JOHNNIE DODDS BLVD
MT PLEASANT SC 29464-3044**



3. Date Incorporated or Qualified **02/19/1996** 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 *Humanities Foundation*

4. FEI Number
57-0952289

Applied For
☐ Not Applicable

22 City & State

27 *1051-H Johnnie Dodds Blvd.*

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

23 Zip

Country

28 *Mt. Pleasant, SC*

Zip

Country

24 *29464* **25** *USA*

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

10. Name and Address of New Registered Agent

**RANDOLPH, LAWRENCE T
100 S ASHLEY DR #2200
TAMPA FL 33602**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	DORAN, TRACY T	<i>change all to 1051-H</i>
STREET ADDRESS	741-B JOHNNIE DODDS BLVD	
CITY-ST-ZIP	MT PLEASANT SC 29464	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SULLIVAN, MARY ELLEN	
STREET ADDRESS	741-B JOHNNIE DODDS BLVD	
CITY-ST-ZIP	MT PLEASANT SC 29464	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DORAN, ROBERT J JR	
STREET ADDRESS	741-B JOHNNIE DODDS BLVD	
CITY-ST-ZIP	MT PLEASANT SC 29464	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DORAN, TRACY T	
STREET ADDRESS	741-B JOHNNIE DODDS BLVD	
CITY-ST-ZIP	MT PLEASANT SC 29464	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DORAN, SHANE J	
STREET ADDRESS	741-B JOHNNIE DODDS BLVD	
CITY-ST-ZIP	MT PLEASANT SC 29464	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLAMP, KAY D	
STREET ADDRESS	741-B JOHNNIE DODDS BLVD	
CITY-ST-ZIP	MT PLEASANT SC 29464	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John H. Disher
1.3 STREET ADDRESS	1051-H Johnnie Dodds Blvd.
1.4 CITY-ST-ZIP	Mt. Pleasant, SC 29464
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	W. Dale Smith
2.3 STREET ADDRESS	1051-H Johnnie Dodds Blvd.
2.4 CITY-ST-ZIP	Mt. Pleasant, SC 29464
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Frank Haygood
3.3 STREET ADDRESS	1051 Johnnie Dodds Blvd.
3.4 CITY-ST-ZIP	Mt. Pleasant, SC 29464
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Dr. Robert Flowers
4.3 STREET ADDRESS	1051 Johnnie Dodds Blvd.
4.4 CITY-ST-ZIP	Mt. Pleasant, SC 29464
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

John H. Disher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/96 **803-881-7550**
Date Daytime Phone # 0075765

CR2E037 (9/96)