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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

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1. Corporation Name

THE HUMANITIES FOUNDATION, INC.

Principal Place of Business

1051-H JOHNNIE DODDS BLVD.
MT PLEASANT SC 29464
US

Mailing Address

1051-H JOHNNIE DODDS BLVD.
1051-H JOHNNIE DODDS BLVD.
MT. PLEASANT SC 29464
US



2. Principal Place of Business

21 *270 W. Coleman Blvd.*

2a. Mailing Address

26 *''*

Suite, Apt. #, etc.

22 *suite 1-A*

Suite, Apt. #, etc.

27 *''*

City & State

23 *Mt. Pleasant, SC*

City & State

28 *''*

Zip

24 *29464*

Country

25 *US*

Zip

29 *''*

Country

30 *''*

3. Date Incorporated or Qualified

02/19/1996

4. FEI Number

57-0952289

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

9. Name and Address of Current Registered Agent

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

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 ☐ DELETE

NAME **DP**
DORAN, TRACY T
STREET ADDRESS 1051-H JOHNNIE DODDS BLVD.
CITY-ST-ZIP MT PLEASANT SC 29464

TITLE ☐ DELETE

NAME **DS**
LAMBERSON, JJ
STREET ADDRESS 1051-H JOHNNIE DODDS BLVD.
CITY-ST-ZIP MT PLEASANT SC 29464

TITLE ☐ DELETE

NAME **D**
DORAN, ROBERT J JR
STREET ADDRESS 1051-H JOHNNIE DODDS BLVD.
CITY-ST-ZIP MT PLEASANT SC 29464

TITLE ☐ DELETE

NAME **D**
SHULAR, STEVE
STREET ADDRESS 4244 INTERNATIONAL PKWY., SUITE 134
CITY-ST-ZIP ATLANTA GA 30354

TITLE ☐ DELETE

NAME **D**
DORAN, SHANE J
STREET ADDRESS 1051-H JOHNNIE DODDS BLVD.
CITY-ST-ZIP MT PLEASANT SC 29464

TITLE ☐ DELETE

NAME **D**
CLAMP, KAY D
STREET ADDRESS 1051-H JOHNNIE DODDS BLVD.
CITY-ST-ZIP MT PLEASANT SC

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME *Tracy Doran*

1.3 STREET ADDRESS *270 W. Coleman Blvd, Suite 1-A*

1.4 CITY-ST-ZIP *Mt. Pleasant, SC 29464*

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

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)