

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 17, 2008
Secretary of State**

DOCUMENT# N07000007113

Entity Name: ADVISORS IN PHILANTHROPY FOUNDATION, INC.

Current Principal Place of Business:

11975 W DIXIW HIGHWAY
N MIAMI, FL 33161

New Principal Place of Business:

11975 W DIXIE HIGHWAY
N MIAMI, FL 33161

Current Mailing Address:

11975 W DIXIW HIGHWAY
N MIAMI, FL 33161

New Mailing Address:

11975 W DIXIE HIGHWAY
N MIAMI, FL 33161

FEI Number: 26-0521329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINSTON, LESLEY
11975 W DIXIE HIGHWAY
N MIAMI, FL 33161 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: PD () Delete
Name: WINSTON, LESLEY
Address: 11975 W DIXIE HIGHWAY
City-St-Zip: N MIAMI, FL 33161

Title: SD () Delete
Name: THOMPSON, ROBERT
Address: 548 HOPMEADOW STREET
City-St-Zip: SIMSBURY, CT 06070

Title: D () Delete
Name: ZIMMERMAN, DRAKE
Address: PO BOX 326
City-St-Zip: NORMAL, IL 61761

Title: D () Delete
Name: ALSPAUGH, SALLY
Address: 8150 CORPORATE PARK DRIVE #205
City-St-Zip: CINCINNATI, OH 45242

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:

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: LESLEY WINSTON

PD

01/17/2008

Electronic Signature of Signing Officer or Director

Date