

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000006290

**Entity Name:** ADVISORS FOR PHILANTHROPIC IMPACT, INC.**Current Principal Place of Business:**4521 PGA BLVD.  
#468  
PALM BEACH GARDENS, FL 33418**Current Mailing Address:**4521 PGA BLVD.  
#468  
PALM BEACH GARDENS, FL 33418 US**FEI Number:** 46-3206074**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REISSMAN, JANUARY  
4521 PGA BLVD.  
#468  
PALM BEACH GARDENS, FL 33418 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:** JANUARY REISSMAN

04/24/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	D
Name	HANLEY, DANIEL A
Address	777 S FLAGLER DR, SUITE 500 EAST
City-State-Zip:	WEST PALM BEACH FL 33401

Title	D
Name	JONES, R MARSHALL
Address	470 COLUMBIA DR, SUITE G-201
City-State-Zip:	WEST PALM BEACH FL 33409

Title	SECRETARY
Name	DEOUL, EVAN
Address	777 S FLAGLER DR, SUITE 1601 WEST
City-State-Zip:	WEST PALM BEACH FL 33401

Title	P
Name	KOHNER, MICHAEL L
Address	501 S. FLAGLER DRIVE SUITE 200
City-State-Zip:	WEST PALM BEACH FL 33401

Title	T
Name	MYERS, LORI
Address	1601 FORUM PLACE, 9TH FLOOR
City-State-Zip:	WEST PALM BEACH FL 33401

Title	VP
Name	FLAH, RICHARD
Address	525 OKEECHOBEE BLVD., SUITE 1140
City-State-Zip:	WEST PALM BEACH FL 33401

*I hereby 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 all other like empowered.*

**SIGNATURE:** MICHAEL KOHNER

MICHAEL KOHNER

04/24/2018

Electronic Signature of Signing Officer/Director Detail

Date