

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90010 046 \*\*\*\*61.25

**DOCUMENT # F04000006500**

1. Entity Name

THE PHILADELPHIA FOUNDATION, INC.



Principal Place of Business

1234 MARKET STREET, SUITE 1800  
PHILADELPHIA PA 19107

Mailing Address

1234 MARKET STREET, SUITE 1800  
PHILADELPHIA PA 19107

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-1581832

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, H. CRAIG	
STREET ADDRESS	1234 MARKET STREET, SUITE 1800	
CITY-ST-ZIP	PHILADELPHIA PA 19107-3794	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FOSTER, ELLEN P	
STREET ADDRESS	1234 MARKET STREET, SUITE 1800	
CITY-ST-ZIP	PHILADELPHIA PA 19107-3794	
TITLE	V	<input type="checkbox"/> Delete
NAME	SWINNEY, R. ANDREW	
STREET ADDRESS	1234 MARKET STREET, SUITE 1800	
CITY-ST-ZIP	PHILADELPHIA PA 19107-3794	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FRAINT, ERIC	
STREET ADDRESS	1234 MARKET STREET, SUITE 1800	
CITY-ST-ZIP	PHILADELPHIA PA 19107-3794	
TITLE	D	<input type="checkbox"/> Delete
NAME	AMSTERDAM, PEGGY ANN	
STREET ADDRESS	1234 MARKET STREET, SUITE 1800	
CITY-ST-ZIP	PHILADELPHIA PA 19107-3794	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEASER, LAWRENCE J ESQ	
STREET ADDRESS	1234 MARKET STREET, SUITE 1800	
CITY-ST-ZIP	PHILADELPHIA PA 19107-3794	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>Gene</del> Locks, Gene	
STREET ADDRESS	1234 Market Street, Suite 1800	
CITY-ST-ZIP	Philadelphia, PA 19107-3794	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Foster, Ellen P	
STREET ADDRESS	1234 Market Street, Suite 1800	
CITY-ST-ZIP	Philadelphia, PA 19107-3794	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Godwin, Pamela	
STREET ADDRESS	1234 Market Street, Suite 1800	
CITY-ST-ZIP	Philadelphia, PA 19107-3794	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

R. Andrew Swinney

215-563-6417