


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



02142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-1581832	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOCKS, GENE 1234 MARK ST STE 1800 PHILADELPHIA, PA 191073794
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOSTER, ELLEN P 1234 MARKET ST STE 1800 HARRISBURG, PA 171073794
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODWIN, PAMELA 1234 MARKET ST STE 1800 PHILADELPHIA, PA 191073794
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRAINT, ERIC 1234 MARKET STREET, SUITE 1800 PHILADELPHIA, PA 191073794
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMSTERDAM, PEGGY ANN 1234 MARKET STREET, SUITE 1800 PHILADELPHIA, PA 191073794
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SWINNEY, R. ANDREW 1234 MARKET STREET, SUITE 1800 PHILADELPHIA, PA 191073794

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U00000838794
03/05/08-80044-023 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **2.14.08** **215-563-6417**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #