2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# N00000001591

Entity Name: THE INSTITUTE OF PHILANTHROPY, INC.

Current Principal Place of Business:

601 TAMIAMI TRAIL S.
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

601 TAMIAMI TRAIL S.
VENICE, FL 34285

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANSEN, TERI
601 TAMIAMI TRAIL S
VENICE, FL 34285 US

Name and Address of New Registered Agent:

HANSEN, TERI A
601 TAMIAMI TRAIL S
VENICE, FL 34285 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: TERI A. HANSEN 01/06/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HARTLEY, MIKE
Address: 101 W. VENICE AVE. STE 10
City-St-Zip: VENICE, FL 34285

Title: D ( ) Delete
Name: KILLORIN, JAMIE
Address: 1521 TAMIAMI TR. S.
City-St-Zip: VENICE, FL 34292

Title: D ( ) Delete
Name: HAY, DON
Address: 333 S. TAMIAMI TRAIL, SUITE 387
City-St-Zip: VENICE, FL 34285

Title: D ( ) Delete
Name: TRAMMELL, JEAN
Address: 101 W. VENICE AVE.
City-St-Zip: VENICE, FL 34285

Title: PD ( ) Delete
Name: HANSEN, TERI
Address: 601 S. TAMIAMI TRAIL
City-St-Zip: VENICE, FL 34285

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:

Title: PD (X) Change ( ) Addition
Name: HANSEN, TERI A
Address: 601 S. TAMIAMI TRAIL
City-St-Zip: VENICE, FL 34285

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TERI A. HANSEN PD 01/06/2005
Electronic Signature of Signing Officer or Director Date