

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90223 032 \*\*\*\*61.25

DOCUMENT # N00000001591

1. Entity Name

THE INSTITUTE OF PHILANTHROPY, INC.



Principal Place of Business

101 W. VENICE AVE., SUITE 10  
VENICE FL 34285

Mailing Address

101 W. VENICE AVE., SUITE 10  
VENICE FL 34285

2. Principal Place of Business

601 Tamiami Trail S

Suite, Apt. #, etc.

3. Mailing Address

601 Tamiami Trail S

Suite, Apt. #, etc.

City & State

Venice, FL

City & State

Venice, FL

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

Zip

34285

Country

USA

Zip

34285

Country

USA

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOONE, STEPHEN K  
1001 AVENIDA DEL CIRCO  
VENICE FL 34285

7. Name and Address of New Registered Agent

Name Teri Hansen

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

601 Tamiami Trail S

City Venice

FL

Zip Code  
34285

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

*Teri Hansen*

Teri Hansen, CEO/President

3/19/03

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

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	P	<input type="checkbox"/> Delete
NAME	HARTLEY, MIKE	
STREET ADDRESS	101 W. VENICE AVE. STE 10	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOONE, STEVE	
STREET ADDRESS	1001 AVENIDA DEL CIRCO	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	D	<input type="checkbox"/> Delete
NAME	KILLORIN, JAMIE	
STREET ADDRESS	1521 TAMiami TR. S.	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAY, DON	
STREET ADDRESS	333 S. TAMiami TRAIL, SUITE 387	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRAMMELL, JEAN	
STREET ADDRESS	101 W. VENICE AVE.	
CITY-ST-ZIP	VENICE FL 34285	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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 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 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:

*Teri Hansen* Teri Hansen, CEO

3/19/03

(941) 486-4600

Date

Daytime Phone #

CR2E037 (10/02)