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Mar 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthahn
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001936 (1)

1. Corporation Name

ASSOCIATION OF PHILANTHROPIC COUNSEL, INC.

Principal Place of Business

Mailing Address

10035 83RD WAY NORTH
LARGO FL 34647

10035 83RD WAY NORTH
LARGO FL 33777-1828



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

HANCOCK, NANCY L
10035 83RD WAY NORTH
LARGO FL 34647

3. Date Incorporated or Qualified
04/11/1996

3a. Date of Last Report

n/a

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired

\$6.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code
33777

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Nancy L. Brown Hancock Secretary 1-20-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
① CHAIRMAN: CLOVER APelian
1400 E. HILLSBORO BLVD. STE 201
DEERFIELD BEACH, FL. 33441
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
② VICE CHAIRMAN: JOHN MORCIGER
4370 S. TAMiami TRAIL, ST. 160
SARASOTA, FL. 34231
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
③ SECRETARY: NANCY L. BROWN HANCOCK
10035 83RD WAY N.
LARGO, FL. 33777
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
④ TREASURER: ROBERT B. KOVACHICH
2907 RED OAK LAKE RD.
CASSELBERRY, FL. 32707
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
⑤ AT LARGE: JAMES A. DONOVAN
P.O. BOX 10
WINTER PARK, FL. 32780
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
⑥ AT LARGE: JAMES YUNKER
105 N. 431 OHIO PIKE
CINCINNATI, OHIO 45255-3373

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
⑦ AT LARGE: JAMES A. DONOVAN
415 FLATWOOD DRIVE
WINTER SPRING, FL 32708
2-25-97

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0051973

Nancy L. Brown Hancock 1-20-97

CR2E037 (9/96)