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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001936 (1)**
1. Corporation Name

ASSOCIATION OF PHILANTHROPIC COUNSEL, INC.



Principal Place of Business 10035 83RD WAY NORTH LARGO FL 33777 US	Mailing Address 10035 83RD WAY NORTH LARGO FL 33777 US
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2. Principal Place of Business 21 414 Plaza Dr Suite, Apt. #, etc. 22 STE 209 City & State 23 Westmont IL Zip 24 60559 Country 25	2a. Mailing Address 26 414 Plaza Dr Suite, Apt. #, etc. 27 STE 209 City & State 28 Westmont IL Zip 29 60559 Country 30
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3. Date Incorporated or Qualified 04/11/1996	
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HANCOCK, NANCY L 10035 83RD WAY NORTH LARGO FL 34647

10. Name and Address of New Registered Agent 81 Name Nancy L. Brown-Hancock 82 Street Address (P.O. Box Number is Not Acceptable) 7265-129th St N 83 Seminole FL 33776 84 City Seminole FL 85 Zip Code 33776

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, or 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 617.0502, Florida Statutes.
SIGNATURE **Nancy L. Brown-Hancock** DATE **1-19-98**
Signature typed or printed name of Registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	APELIAN, CLOVER
STREET ADDRESS	1400 E. HILLSBORO BLVD., STE. 201
CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	MORCIE, JOHN
STREET ADDRESS	4370 S. TAMIAH TRAIL, ST.E 150
CITY-ST-ZIP	SARASOTA FL
TITLE	<input type="checkbox"/> DELETE
NAME	BROWN, NANCY L
STREET ADDRESS	10035 93RD WAY N.
CITY-ST-ZIP	LARGO FL 33777
TITLE	<input type="checkbox"/> DELETE
NAME	KOVANEVICH, ROBERT B.
STREET ADDRESS	2907 RED BUG LAKE RD.
CITY-ST-ZIP	CASSELBERRY FL
TITLE	<input type="checkbox"/> DELETE
NAME	DONOVAN, JAMES A.
STREET ADDRESS	415 FLATWOOD DRIVE
CITY-ST-ZIP	WINTER SPRINGS FL
TITLE	<input type="checkbox"/> DELETE
NAME	YOUNKER, JAMES
STREET ADDRESS	105 N. 431 OHIO PIKE
CITY-ST-ZIP	CINCINNATI OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mercier
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Brown-Hancock Nancy L
3.3 STREET ADDRESS	7265-129th St N
3.4 CITY-ST-ZIP	Seminole FL 33776
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Director Emma Lee Twichell
5.3 STREET ADDRESS	1477 W. Fairbanks #100A
5.4 CITY-ST-ZIP	Winter Park 32789
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Yunker
6.3 STREET ADDRESS	431 Ohio Pike, Ht #105 N.
6.4 CITY-ST-ZIP	(216) 45255-3372

14. 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 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: **Nancy L. Brown-Hancock** DATE **1-19-98**
Signature typed or printed name of Registered agent and title if applicable. Date

CR2E037 (10/97)