

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90045 020 ****61.25

| | | |
|-------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|-------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

DOCUMENT # N96000001936

1. Corporation Name

ASSOCIATION OF PHILANTHROPIC COUNSEL, INC.

Principal Place of Business

414 PLAZA DR
STE 209
WESTMONT IL 60559
US

Mailing Address

414 PLAZA DR
STE 209
WESTMONT IL 60559
US



| | | |
|-------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 04/11/1996 |
| 22 City & State | 27 City & State | 4. FEI Number |
| 23 Zip | 28 Zip | NOT APPLICABLE |
| 24 Country | 30 Country | Applied For |
| | | Not Applicable |
| 9. Name and Address of Current Registered Agent | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 10. Name and Address of New Registered Agent | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

BROWN-HANCOCK, NANCY L
7265 129TH ST, N
SEMINOLE FL 33776

81 Name

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

83

84 City

FL

85

Zip Code

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 617.0503, Florida Statutes.

SIGNATURE

Nancy Brown

(NOTE: Registered Agent signature required when reinstating)

| | | | |
|----------------------------|-----------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | APELIAN, CLOVER | 1.2 NAME | Linda Lysakowski |
| STREET ADDRESS | 1400 E. HILLSBORO BLVD., STE. 201 | 1.3 STREET ADDRESS | 320 North Kenhurst Blvd |
| CITY-ST-ZIP | DEERFIELD BEACH FL | 1.4 CITY-ST-ZIP | Reading PA 19607 |
| TITLE | D | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MERCIER, JOHN | 2.2 NAME | |
| STREET ADDRESS | 4370 S. TAMiami-TRAIL, STE 150 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWN-HANCOCK, NANCY | 3.2 NAME | |
| STREET ADDRESS | 7265 129TH ST, N | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEMINOLE FL 33776 | 3.4 CITY-ST-ZIP | |
| TITLE | DT | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KOVANEVICH, ROBERT B. | 4.2 NAME | |
| STREET ADDRESS | 2907 RED BUG LAKE RD. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CASSELBERRY FL | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TWINCHELL, EMMA LEE | 5.2 NAME | |
| STREET ADDRESS | 1477 W FAIRBANKS, #100A | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER PARK FL 33789 | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YUNKER, JAMES | 6.2 NAME | |
| STREET ADDRESS | 431 OHIO PIKE STE 105, N | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | CINCINNATI OH 45255 | 6.4 CITY-ST-ZIP | |

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, with all other like empowered.

SIGNATURE: X

Nancy Brown

2/22/99

(813) 398 5897

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

254343-90045-20
N94000001936

ASSOCIATION OF PHILANTHROPIC COUNSEL

Additional Director

James A. Ravanelli
401 Cypress Street, #414
Abilene, TX 70601-5147