2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000001936

Entity Name: ASSOCIATION OF PHILANTHROPIC COUNSEL, INC.

FILED Apr 20, 2002 8:00 AM Secretary of State

	Principal Place of Business:	New Principal Place of Business:
1229 GRE STE 340	ENWOOD CLIFF	
	TTE, NC 28204 US	
Current N	lailing Address:	New Mailing Address:
PO BOX 3 CHARLO	34155 TTE, NC 282344155 US	
FEI Number	: FEI Number Applied For()) FEI Number Not Applicable (X) Certificate of Status Desired ()
Name and	d Address of Current Registered Agen	t: Name and Address of New Registered Agent:
	R, JOHN R AMIAMI TRAIL, STE 150 FA, FL 34231 US	
	e named entity submits this statement for e e of Florida.	the purpose of changing its registered office or registered agent, or bot
SIGNATU	DE:	
	NL.	
	Electronic Signature of Registered	d Agent Date
OFFICER		d Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
OFFICER Title: Name: Address: City-St-Zip:	Electronic Signature of Registered	
Title: Name: Address:	Electronic Signature of Registered S AND DIRECTORS: S () Delete LYSAKOWSKI, LINDA 320 N. KENHORST BLVD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:
Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronic Signature of Registered S AND DIRECTORS: S () Delete LYSAKOWSKI, LINDA 320 N. KENHORST BLVD READING, PA 19607 VCD () Delete MERCIER, JOHN 4370 S. TAMIAMI TRAIL, ST.E 150	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: Title: CD (X) Change () Addition Name: MERCIER, JOHN Address: 4370 S. TAMIAMI TRAIL, ST.E 150

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: JOHN MERCIER CD 04/20/2002