

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000001936

**FILED**  
**Jun 21, 2004**  
**Secretary of State****Entity Name:** ASSOCIATION OF PHILANTHROPIC COUNSEL, INC.**Current Principal Place of Business:**1229 GREENWOOD CLIFF  
STE 340  
CHARLOTTE, NC 28204 US**New Principal Place of Business:**212 S. TRYON ST.  
STE 1150  
CHARLOTTE, NC 28281 US**Current Mailing Address:**PO BOX 34155  
CHARLOTTE, NC 282344155 US**New Mailing Address:**212 S. TRYON ST.  
STE. 1150  
CHARLOTTE, NC 28281 US**FEI Number:****FEI Number Applied For ( )****FEI Number Not Applicable (X)****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MERCIER, JOHN R  
4186 MOSS OAK PLACE  
SARASOTA, FL 34231 US**Name and Address of New Registered Agent:**MERCIER, JOHN  
4186 MOSS OAK PLACE  
SARASOTA, FL 34231 US

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.

SIGNATURE: THERESA SALMEN

06/21/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: S ( ) Delete  
Name: LYSAKOWSKI, LINDA  
Address: 320 N. KENHORST BLVD  
City-St-Zip: READING, PA 19607Title: CD ( ) Delete  
Name: MERCIER, JOHN  
Address: 4186 MOSS OAK PLACE  
City-St-Zip: SARASOTA, FL 34231 USTitle: VCD ( ) Delete  
Name: MAUDE, MICHAEL  
Address: 805 NEW HAMPSHIRE  
City-St-Zip: LAWRENCE, KS 66044 USTitle: T ( ) Delete  
Name: RAVANELLI, JAMES A  
Address: 401 CYPRESS ST, SUITE 414  
City-St-Zip: ABILENE, TX 79601**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: S (X) Change ( ) Addition  
Name: BUCHANAN, SCOTT  
Address: 1201 BENTBROOK LANE  
City-St-Zip: SHERMAN, TX 75092Title: CD (X) Change ( ) Addition  
Name: MAUDE, MICHAEL  
Address: 805 NEW HAMPSHIRE  
City-St-Zip: LAWRENCE, KS 66044 USTitle: VCD (X) Change ( ) Addition  
Name: LEWIS, BOB  
Address: 333 W. VINE ST., SUITE 300  
City-St-Zip: LEXINGTON, KY 40507 USTitle: T (X) Change ( ) Addition  
Name: STRAWHECKER, PAUL  
Address: 4913 DODGE ST  
City-St-Zip: OMAHA, NE 68132

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: MICHAEL MAUDE

CHAI

06/21/2004

Electronic Signature of Signing Officer or Director

Date