

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001936

FILED
Mar 08, 2005
Secretary of State

Entity Name: ASSOCIATION OF PHILANTHROPIC COUNSEL, INC.

Current Principal Place of Business:

212 S. TRYON ST.
STE 1150
CHARLOTTE, NC 28281 US

New Principal Place of Business:

Current Mailing Address:

212 S. TRYON ST.
STE. 1150
CHARLOTTE, NC 28281 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERCIER, JOHN
4186 MOSS OAK PLACE
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

BROWN, NANCY L
7265-129TH STREET N.
SEMINOLE, FL 33776 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: NANCY L. BROWN

03/08/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: BUCHANAN, SCOTT
Address: 1201 BENTBROOK LANE
City-St-Zip: SHERMAN, TX 75092

Title: CD () Delete
Name: MAUDE, MICHAEL
Address: 805 NEW HAMPSHIRE
City-St-Zip: LAWRENCE, KS 66044 US

Title: VCD () Delete
Name: LEWIS, BOB
Address: 333 W. VINE ST., SUITE 300
City-St-Zip: LEXINGTON, KY 40507 US

Title: T () Delete
Name: STRAWHECKER, PAUL
Address: 4913 DODGE ST
City-St-Zip: OMAHA, NE 68132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: BUCHANAN, SCOTT
Address: 1201 BENTBROOK LANE
City-St-Zip: SHERMAN, TX 75092

Title: CH (X) Change () Addition
Name: MAUDE, MICHAEL
Address: 805 NEW HAMPSHIRE
City-St-Zip: LAWRENCE, KS 66044 US

Title: VCH (X) Change () Addition
Name: LEWIS, BOB
Address: 333 W. VINE ST., SUITE 300
City-St-Zip: LEXINGTON, KY 40507 US

Title: TRE (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

CH

03/08/2005

Electronic Signature of Signing Officer or Director

Date