

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001936

FILED  
Apr 24, 2006  
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:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

Title: TRE ( ) 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: MAUDE, MICHAEL ACFRE  
Address: 805 NEW HAMPSHIRE  
City-St-Zip: LAWRENCE, KS 66044 US

Title: CH (X) Change ( ) Addition  
Name: HERSENHART, BETH  
Address: 11 ROUND TABLE ROAD  
City-St-Zip: SARATOGA SPRINGS, NY 12866 US

Title: VCH (X) Change ( ) Addition  
Name: JOSEPH, GEORGE  
Address: 6025 SHADOWBROOK DRIVE  
City-St-Zip: BETTENDORF, IA 52722 US

Title: TRE (X) Change ( ) Addition  
Name: SCHMIEDICKE, WILLIAM CFRE  
Address: 4024 PARK EAST COURT, SUITE C  
City-St-Zip: KENTWOOD, MI 49546 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MELISSA KLINGBERG

ADM

04/24/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date