## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N96000001936

Entity Name: ASSOCIATION OF PHILANTHROPIC COUNSEL, INC.

FILED Jan 13, 2003 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	ENWOOD CLIFF	=				
STE 340 CHARLOT	TE, NC 28204	US				
Current M	ailing Address	;	New Mail	New Mailing Address:		
PO BOX 34 CHARLOT	4155 TE, NC 282344	155 US				
FEI Number:		FEI Number Applied For()	FEI Number Not App	licable (X)	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
MERCIER, JOHN R 4370 S. TAMIAMI TRAIL, STE 150 SARASOTA, FL 34231 US			4186 MOS	MERCIER, JOHN R 4186 MOSS OAK PLACE SARASOTA, FL 34231 US		
The above in the State		bmits this statement for the p	urpose of changing	its registered	d office or registered agent, or both,	
SIGNATURE:				01/13/2003		
Electronic Signature of Registered Agent			ent	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	S () D LYSAKOWSKI, LI 320 N. KENHORS READING, PA 19	NDA T BLVD	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CD () D MERCIER, JOHN 4370 S. TAMIAMI SARASOTA, FL		Title: Name: Address: City-St-Zip:		(X) Change ()Addition OHN OAK PLACE FL 34231 US	
Title: Name: Address: City-St-Zip:	VCD () D MAUDE, MICHAE 1240 SW OAKLE TOPEKA, KS 666	- Y	Title: Name: Address: City-St-Zip:	MAUDE, MIC 805 NEW HA		
Title: Name:	T ()D		Title: Name:		( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JOHN MERCIER CD 01/13/2003

401 CYPRESS ST, SUITE 414

ABILENE, TX 79601

Address:

City-St-Zip: