



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90029 030 ****61.25

DOCUMENT # 729971 1. Entity Name ESTATE PLANNING COUNCIL OF BROWARD COUNTY, INC.					
Principal Place of Business 350 EAST LAS OLAS BLVD. SUITE 1420 FORT LAUDERDALE, FL 33301 US				Mailing Address 350 EAST LAS OLAS BLVD. SUITE 1420 FORT LAUDERDALE, FL 33301 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 23-7411611	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PICHA, STEVE 350 EAST LAS OLAS BLVD. SUITE 1420 FORT LAUDERDALE, FL 33301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRIEDRICH, JACK <input checked="" type="checkbox"/> Delete 2400 EAST COMMERCIAL BLVD. SUITE 624 FORT LAUDERDALE, FL 33308			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ANDREA KESSLER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 633 S ANDREWS AVENUE FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WEINKLE, STEVEN G. <input type="checkbox"/> Delete 100 W. CYPRESS CREEK ROAD, 5TH FLOOR FORT LAUDERDALE, FL 33309			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STEVE R. PICHA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 350 E LAS OLAS BLVD STE 1420 FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PICHA, STEVE R <input type="checkbox"/> Delete 350 E. LAS OLAS BLVD., SUITE 1420 FORT LAUDERDALE, FL 33301			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KATHERINE N. GUIDA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1100 E LAS OLAS BLVD FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GUIDA, KATHERINE N <input type="checkbox"/> Delete 1100 E. LAS OLAS BLVD. FORT LAUDERDALE, FL 33301			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCOTT MONTGOMERY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 515 E LAS OLAS BLVD, 15th FLOOR FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Katherine N. Guida</i> Katherine N. Guida 4-18-08 954-768-4073					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					