

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **747162** (6)  
1. Corporation Name  
**CENTRAL FLORIDA ESTATE PLANNING COUNCIL, INC.**



Principal Place of Business <b>215 NORTH EOLA DRIVE ORLANDO FL 32801</b>	Mailing Address <b>215 NORTH EOLA DRIVE ORLANDO FL 32801</b>
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3. Date Incorporated or Qualified <b>05/14/1979</b>		
4. FEI Number <b>59-3351739</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 <b>750 S. Orange Avenue</b>	2a. Mailing Address 26 <b>750 S. Orange Avenue</b>		
Suite, Apt. #, etc. 22 <b>c/o Julie Wolf</b>	Suite, Apt. #, etc. 27 <b>c/o Julie Wolf</b>		
City & State 23 <b>Winter Park, FL</b>	City & State 28 <b>Winter Park, FL</b>		
Zip 24 <b>32789</b>	Country 25 <b>USA</b>	Zip 29 <b>32789</b>	Country 30 <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MICHAEL, CLIFFORD W  
215 NORTH EOLA DRIVE  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent  
81 Name  
**Julie Wolf**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**750 S. Orange Avenue**  
83  
84 City  
**Winter Park** **FL** 85 Zip Code  
**32789**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *Julie Wolf* (NOTE: Registered Agent signature required when reinstating) DATE: **3/16/98**

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>CLIFFORD, W. M</b>	
STREET ADDRESS <b>215 NORTH EOLA DRIVE ORLANDO FL</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE
NAME <b>WOLF, JULIE</b>	
STREET ADDRESS <b>750 S ORANGE AVENUE WINTER PARK FL 32789</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE
NAME <b>PACE, KATHERINE A</b>	
STREET ADDRESS <b>111 NORTH ORANGE AVENUE ORLANDO FL 32801</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>LOWMAN, JOSEPH W JR</b>	
STREET ADDRESS <b>729 WEST HARVARD STREET ORLANDO FL 32804</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>DETZEL, LAUREN Y</b>	
STREET ADDRESS <b>800 NORTH MAGNOLIA AVENUE ORLANDO FL 32803</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>BABIONE, MARCIA S</b>	
STREET ADDRESS <b>4060 EDGEWATER DRIVE ORLANDO FL 32804</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>William E. Legg</b>	
1.3 STREET ADDRESS <b>135 W. Central Blvd., Suite 1200 Orlando, FL 32801</b>	
1.4 CITY-ST-ZIP <b>Orlando, FL 32801</b>	
2.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE <b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Julie Wolf* 3/16/98 407-646-6375

CR2E037 (1097)