

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 10, 2006 8:00 am**  
**Secretary of State**

08-10-2006 90002 020 \*\*\*\*61.25

<b>DOCUMENT #747162</b> 1. Entity Name <b>CENTRAL FLORIDA ESTATE PLANNING COUNCIL, INC.</b>					
Principal Place of Business <b>301 E. PINE ST., STE 300 ORLANDO, FL 32801-2727 US</b>				Mailing Address <b>301 E. PINE ST., STE 300 ORLANDO, FL 32801-2727 US</b>	
2. Principal Place of Business <b>420 S. Orange Ave., Ste. 1200</b> Suite, Apt. #, etc. <b>Suite 1200</b>				3. Mailing Address <b>10211 Falcon Parc Blvd. #205</b> Suite, Apt. #, etc. <b>#205</b>	
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>		4. FEI Number <b>59-3351739</b>	
Zip <b>32801</b>		Country <b>Orange</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KANE, STEVEN H 557 N WYMORE RD #100 MAITLAND, FL 32751</b>				7. Name and Address of New Registered Agent Name <b>Amelia A. Drury</b> Street Address (P.O. Box Number is Not Acceptable) <b>10211 Falcon Parc Blvd., #205</b> City <b>Orlando, FL</b> <b>FL</b> Zip Code <b>32832</b>	
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 <u><i>Amelia A. Drury</i></u> <span style="float: right;">8/2/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KANE, STEVEN H 557 N WYMORE RD #100 MAITLAND, FL 32751	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Laura Sundberg 420 S. Orange Ave., Suite 1200 Orlando, FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WYDRA, CYNTHIA S 100 E SYBELIA AVE #205 MAITLAND, FL 32751	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Peggy Hoyt 254 Plaza Dr. Oviedo, FL 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAMAYO, RONALD 601 S LAKE DESTINY RD #165 MAITLAND, FL 32751	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Kaki Rawls 450 S. Orange Ave., Suite 1400 Orlando, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SUNBERG, LAURA K PO BOX 231 ORLANDO, FL 32802	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Amy Bock 390 N. Orange Ave., Suite 700 Orlando, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOYT, MARGARET 251 PLAZA DR OVIEDO, FL 32765	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD David Akins P.O. Box 2346 Orlando, FL 32802	<input type="checkbox"/> Change <input checked="" 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: <u><i>Anna Catherine Rawls</i></u> <b>ANNA CATHERINE RAWLS</b> <span style="float: right;">8-2-06 407540-7627</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (AKA Kaki Rawls) Date Daytime Phone #</small>					

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