


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 770505 (6) 1. Corporation Name NORTH SUNCOAST ESTATE PLANNING COUNCIL, INC.			
Principal Place of Business 7512 RIDGE ROAD PORT RICHEY FL 34668 US		Mailing Address 7512 RIDGE ROAD PORT RICHEY FL 34668-7028 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 09/29/1983		3a. Date of Last Report 03/01/1996	
4. FEI Number 59-2025998		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent STONE, MICHAEL 7512 RIDGE ROAD PORT RICHEY FL 34668		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	T	<input type="checkbox"/> DELETE	
NAME	BROCK, THERESA G	N/A	
STREET ADDRESS	P.O. BOX 189		
CITY-ST-ZIP	PORT RICHEY FL 34673		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	
NAME	GAY, GREGORY G		
STREET ADDRESS	5318 BALSAM ST		
CITY-ST-ZIP	NEW PORT RICHEY FL		
TITLE	VPD	<input type="checkbox"/> DELETE	
NAME	STONE, MICHAEL		
STREET ADDRESS	7512 RIDGE ROAD		
CITY-ST-ZIP	PORT RICHEY FL		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	JOHNSON, LESLIE		
STREET ADDRESS	1 NORTH DALE MABRY, SUITE 1100		
CITY-ST-ZIP	TAMPA FL		
TITLE		<input type="checkbox"/> DELETE	
NAME	N/A		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME	N/A		
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	BROCK, Theresa G.		
1.3 STREET ADDRESS	P.O. Box 189	N/A	
1.4 CITY-ST-ZIP	Port Richey, FL 34673		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	N/A		
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	STONE, Michael		
3.3 STREET ADDRESS	7512 Ridge Road		
3.4 CITY-ST-ZIP	Port Richey, FL 34668		
4.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	JOHNSON, Leslie		
4.3 STREET ADDRESS	1 North Dale Mabry, Suite 1100		
4.4 CITY-ST-ZIP	Tampa, FL		
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
5.2 NAME	BEIL, Eugene L.		
5.3 STREET ADDRESS	12312 U.S. Highway 19 North		
5.4 CITY-ST-ZIP	Hudson, FL 34667		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	N/A		
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
14. I do 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: <i>George M. Brock</i> <i>George M. Brock</i> 1-25-97 (813) 842-3180 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0088397			

CR2E037 (9/96)