FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31232 (4)

1. Corporation Name

PLANNED GIVING COUNCIL OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
200 SOUTH ORANGE AVE SUITE 2600 P.O. BOX 1526 ORLANDO FL 32801	200 SOUTH ORANGE AVE SUITE 2600 P.O. BOX 1526 ORLANDO FL 32801

3. Date Incorporated or Qualified: 03/16/1989
3a. Date of Last Report: 03/14/1995

2. Principal Place of Business
21 2813 Danforth Drive
22 Suite, Apt #, etc.
23 City & State: Orlando, FL
24 Zip: 32818-3058 25 Country: USA

2a. Mailing Address
26 2813 Danforth Drive
27 Suite, Apt. #, etc.
28 City & State: Orlando, FL
29 Zip: 32818-3058 30 Country: USA

4. FEI Number: 59-2936260 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CONTI, LOUIS T.M.
200 SOUTH ORANGE AVE
SUITE 2600
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: Thomas G. McCarty
82 Street Address (P.O. Box Number is Not Acceptable): 2813 Danforth Drive
83
84 City: Orlando FL 85 Zip Code: 32818

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: Thomas G. McCarty Thomas G. McCarty 29 Jan 96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	☐ DELETE	1.1 TITLE	DT (Julie Wolf - rest is OK)	☒ Change ☐ Addition
NAME	WOLF, JULIE		1.2 NAME		
STREET ADDRESS	750 S. ORLANDO AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	DVP	☐ Change ☒ Addition
NAME	CONTI, LOUIS		2.2 NAME	Ogle, Larry Ogle	
STREET ADDRESS	200 S. ORANGE AVE #2600		2.3 STREET ADDRESS	2500 Highland Center PKWY, #300	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Highland, FL 32751	
TITLE	DP	☐ DELETE	3.1 TITLE	~~DP~~	☒ Change ☐ Addition
NAME	MAYNARD, GEORGE F. III		3.2 NAME	(George Maynard - rest OK)	
STREET ADDRESS	1414 KUHL STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP		
TITLE	DD	☒ DELETE	4.1 TITLE	DS	☐ Change ☒ Addition
NAME	HURT, RICHARD T.		4.2 NAME	Penelta Simms	
STREET ADDRESS	255 S. ORANGE AVE #1700		4.3 STREET ADDRESS	1084 Beverly Drive, Suite F	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	Rockledge, FL 32955	
TITLE	DVP	☐ DELETE	5.1 TITLE	DPE (Beverly Paulk rest OK)	☒ Change ☐ Addition
NAME	PAULK, BEVERLY J.		5.2 NAME		
STREET ADDRESS	280 WEKIVA SPRINGS RD. #134		5.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		5.4 CITY-ST-ZIP		
TITLE	DPE	☐ DELETE	6.1 TITLE	DP (Thomas McCarty) rest OK	☒ Change ☐ Addition
NAME	MCCARTY, THOMAS		6.2 NAME		
STREET ADDRESS	2813 DANFORTH DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Thomas G. McCarty 1-29-96 407/578-1353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #