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May 15 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 # **N31232** **(4)**

1. Corporation Name

PLANNED GIVING COUNCIL OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
2813 DANFORTH DR ORLANDO FL 32818-3058 US	2813 DANFORTH DR ORLANDO FL 32818-3058 US

3. Date Incorporated or Qualified: **03/16/1989**
3a. Date of Last Report: **02/08/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22: 2813 Danforth Dr.
City & State — 23
Zip — 24 | Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 | Country — 30

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

MCCARTY, THOMAS G
2813 DANFORTH DR
ORLANDO FL 32818

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. N/A

N/A SIGNATURE: Beverly J Paulk, Outgoing Director (N/A)
Signature required 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	DT	☒ DELETE	1.1 TITLE	D/P	☐ Change ☒ Addition
NAME	WOLF, JULIE		1.2 NAME	Laura Kristin Sundberg, O-1073	
STREET ADDRESS	750 S. ORLANDO AVE		1.3 STREET ADDRESS	200 S. Orange	
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-ST-ZIP	Orlando FL 32801	
TITLE	DVP	☒ DELETE	2.1 TITLE	D/T Chris Boyette	☐ Change ☒ Addition
NAME	OGLE, LARRY OGLE		2.2 NAME	20 N. Orange Ave, Suite 1000	
STREET ADDRESS	2500 MAITLAND CTR PKWY #300		2.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		2.4 CITY-ST-ZIP	Orlando, FL 32801	
TITLE	DPP	☒ DELETE	3.1 TITLE	D/VP	☐ Change ☐ Addition
NAME	MAYNARD, GEORGE F. III		3.2 NAME	Dan Linguiti	
STREET ADDRESS	1414 KUHL STREET		3.3 STREET ADDRESS	Rollins College, 1000 Holt Ave, Suite 2724	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	Winter Park, FL 32789-4499	
TITLE	DS	☒ DELETE	4.1 TITLE	D/S	☐ Change ☒ Addition
NAME	SIMMS, PENELLA		4.2 NAME	Diane L. Sandquist	
STREET ADDRESS	1084 BEVERLY DR STE F		4.3 STREET ADDRESS	755 Ivanhoe Blvd	
CITY-ST-ZIP	ROCKLEDGE FL		4.4 CITY-ST-ZIP	Orlando, FL 32804	
TITLE	DPE	☐ DELETE	5.1 TITLE	D/C	☒ Change ☐ Addition
NAME	PAULK, BEVERLY J.		5.2 NAME		
STREET ADDRESS	280 WEKIVA SPRINGS RD. #134		5.3 STREET ADDRESS	2180 State Road 434 W, Suite 6170	
CITY-ST-ZIP	LONGWOOD FL		5.4 CITY-ST-ZIP	Longwood, FL 32779	
TITLE	DP	☐ DELETE	6.1 TITLE	D	☒ 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 (9/96)

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: Beverly J Paulk, Outgoing President 4/28/97 (407) 774-8977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0017416

Beverly J. Paulk