2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State
06-14-2004 90003 038 ****61.25

DOCUMENT # N31232

1. Entity Name
PLANNED GIVING COUNCIL OF CENTRAL FLORIDA, INC.

54057313

03282003 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
812 NORTH BAY STREET EUSTIS, FL 32726 US	812 NORTH BAY STREET EUSTIS, FL 32726 US

2. Principal Place of Business	3. Mailing Address
Orlando Regional Healthcare	1414 Kuhl Ave
Suite, Apt. #, etc. 1414 Kuhl Ave MP13	Suite, Apt. #, etc. MP 13
City & State Orlando	City & State Orlando
Zip / Country 32806 / Orange	Zip / Country 32806 / Orange

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

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

6. Name and Address of Current Registered Agent

HICKS, LISA M
FLORIDA HOSPITAL WATERMAN FOUNDATION
812 NORTH BAY STREET
EUSTIS, FL 32726

7. Name and Address of New Registered Agent

Name: Hicks, Lisa M.
Street Address (P.O. Box Number is Not Acceptable): 1414 Kuhl Ave. MP13
City: Orlando FL Zip Code: 32806

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: Lisa M. Hicks President DATE: 6/3/04
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILDMAN, DON 2809 N ORANGE AVE ORLANDO, FL 32804	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Lisa M. Hicks 1414 Kuhl Ave MP 13 Orlando, FL 32806 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HICKS, LISA M 812 NORTH BAY STREET EUSTIS, FL 32726	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Charlotte A. Bourland 800 N. Magnolia Ave. Ste. 9000 Orlando, FL 32803 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPE BOURLAND, CHARLOTTE 800 N MAGNOLIA AVE ORLANDO, FL 328021000	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Matthew Tavrides 390 N. Orange Ave Ste. 2700 Orlando, FL 32801 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT TAVRIDES, MATTHEW A 390 N ORANGE AVE STE 2700 ORLANDO, FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Janet Morrow 1405 South Orange Ave. Ste. 300 Orlando, FL 32806 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MORROW, JANET 1405 SOUTHORANGE AVE STE 300 ORLANDO, FL 32806	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mark Brewer P.O. Box 2071 Orlando FL 32802 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP BORCHECH, TERESA P.O. BOX 620005 ORLANDO, FL 32862	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Steve Dunegan 800 N. Magnolia Ave. Ste 500 Orlando, FL 32803 — ☒ Change ☐ Addition

12. 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 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: Lisa M. Hicks President 6/3/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #