2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State
04-28-2005 90176 038 ****70.00

DOCUMENT # N31232

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

14003863

Principal Place of Business	Mailing Address
ORLANDO REG. HEALTHCARE FND. 1414 KUHL AVE. MPB ORLANDO, FL 32806 US	1414 KUHL AVE. MP 13 ORLANDO, FL 32806 US

01172005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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
1414 KUHL AVE.
MP 13
ORLANDO, FL 32806

7. Name and Address of New Registered Agent

Name: Mark Brewer
Street Address (P.O. Box Number is Not Acceptable): 1411 Edgewater Drive
Suite 203
City: Orlando FL Zip Code: 32804

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: X Mark Brewer 4/22/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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	P HICKS, LISA M 1414 KUHL AVE., MP 13 ORLANDO, FL 32806	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Mark Brewer 1411 Edgewater Drive Suite 203 Orlando, FL 32804	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BORLAND, CHARLOTTE A 800 N. MAGNOLIA AVE., SUITE 9000 ORLANDO, FL 32803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Elect Matt Tavrides 1560 Orange Avenue, Suite 200 Winter Park, FL 32789	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TAVRIDES, MATHEW 390 N. ORANGE AVE., SUITE 2700 ORLANDO, FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Steve Dunegan 800 North Magnolia Suite 1500 Orlando, FL 32803	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MORROW, JANET 1405 S. ORANGE AVE., SUITE 300 ORLANDO, FL 32806	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Janet Morrow 1414 Kuhl Avenue MP13 Orlando, Florida 32806	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BREWER, MARK P.O. BOX 2071 ORLANDO, FL 32806	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Candace Marshall 200 S Orange Avenue MC 2082 Orlando, Florida 32801	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUNEGAN, STEVE 800 N. MAGNOLIA AVE., SUITE 500 ORLANDO, FL 32803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Janet Morrow Janet Morrow 4/11/05 321-841-1466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #