2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # N31232

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

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

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04182006 No Chg-NP CR2E037 (11/05)

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

BREWER, MARK
1411 EDGEWATER DRIVE
SUITE 203
ORLANDO, FL 32804

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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: Mark Brewer MARK BREWER 4/17/06
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, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BREWER, MARK
STREET ADDRESS	1411 EDGEWATER DR., STE. 203
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	PE
NAME	TAVRIDES, MATT
STREET ADDRESS	1560 ORANGE AVE, SUITE 200
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	VP
NAME	DUNEGAN, STEVE
STREET ADDRESS	800 NORTH MAGNOLIA, SUITE 1500
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	T
NAME	MORROW, JANET
STREET ADDRESS	1414 KUHL AVENUE MP13
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	S
NAME	MARSHALL, CANDACE
STREET ADDRESS	200 S ORANGE AVENUE MC 2082
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	D
NAME	DUNEGAN, STEVE
STREET ADDRESS	800 N. MAGNOLIA AVE., SUITE 500
CITY-ST-ZIP	ORLANDO, FL 32803

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05/08/06-80030-011 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mark Brewer OFFICER DIRECTOR 4/17/06 407-872-3050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #