# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 02, 2009**
**Secretary of State**

DOCUMENT# N31232

**Entity Name:** PLANNED GIVING COUNCIL OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

C/O STEPHEN DUNEGAN ESQ, 800 N MAGNOLIA AV
1500
ORLANDO, FL 32803 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O STEPHEN DUNEGAN ESQ, 800 N MAGNOLIA AV
1500
ORLANDO, FL 32803

**New Mailing Address:**

**FEI Number: 59-2936260** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUNEGAN, STEPHEN D
800 N MAGNOLIA AVE
SUITE 1500
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | VD | ( ) Delete |
| Name: | CECCHETTI, STEVE | |
| Address: | 480 WEST CENTRAL PARKWAY | |
| City-St-Zip: | ALTAMONTE SPRINGS, FL 32714 | |
| Title: | PD | ( ) Delete |
| Name: | TAVRIDES, MATT | |
| Address: | 1560 ORANGE AVE, SUITE 200 | |
| City-St-Zip: | WINTER PARK, FL 32789 | |
| Title: | D | ( ) Delete |
| Name: | DUNEGAN, STEPHEN D | |
| Address: | 800 NORTH MAGNOLIA AVE, SUITE 1500 | |
| City-St-Zip: | ORLANDO, FL 32803 | |
| Title: | SD | ( ) Delete |
| Name: | WALES, MICHELE | |
| Address: | 1000 LEGION PLACE SUITE 701 | |
| City-St-Zip: | ORLANDO, FL 32801 | |
| Title: | TD | ( ) Delete |
| Name: | MARSHALL, CANDACE | |
| Address: | PO BOX 620005 | |
| City-St-Zip: | ORLANDO, FL 32862 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN D DUNEGAN D 02/02/2009

Electronic Signature of Signing Officer or Director — Date