2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State
01-21-2003 90069 034 ****61.25

DOCUMENT # N31232

1. Entity Name

PLANNED GIVING COUNCIL OF CENTRAL FLORIDA, INC.

00006717

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

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
HICKS, LISA M FLORIDA HOSPITAL WATERMAN FOUNDATION 812 NORTH BAY STREET EUSTIS FL 32726	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

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	DP D WILDMAN, DON 2809 N ORANGE AVE ORLANDO FL 32804	☐ Delete	DP Hicks, Lisa 812 N. Bay Street Eustis, FL 32726	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DPE~~ D P HICKS, LISA M 812 NORTH BAY STREET EUSTIS FL 32726	☐ Delete	DPE Borland, Charlotte 800 N. Magnolia Ave Orlando, FL. 32802-1000	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DVP~~ D P E ~~BOURLAND, CHARLOTTE~~ 800 N MAGNOLIA AVE ORLANDO FL 32802-1000	☐ Delete	DVP Borcheck-Teresa P.O. Box 620005 Orlando, FL. 32862	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT RAWLS, KAKI 111 N ORANGE AVE ORLANDO FL 32801	☒ Delete	DT Taurides, Matthew A. 390 N. Orange Ave Ste. 2700 Orlando, FL. 32801	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS STANLEY, NORMA 215 NORTH EOLA DR ORLANDO FL 32801	☒ Delete	DS Morrow, Janet 1405 Southorange Ave. Ste. 300 Orlando, FL. 32806	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BREWER, MARK PO BOX 2071 ORLANDO FL 32802	☒ Delete	D Wildman, Don 2809 N. Orange Ave Orlando, FL. 32804	☒ Change ☐ Addition

CR2E037 (10/02)

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 SIGNATURE REQUIRED 1/9/03 (352) 589-7676
Date Daytime Phone #