

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 29, 1999 8:00 am**  
**Secretary of State**

07-29-1999 90022 029 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N97000005787**

1. Corporation Name  
**SOUTHWEST FLORIDA ESTATE PLANNING COUNCIL, INC.**

Principal Place of Business  
 227 NOKOMIS AVENUE SOUTH  
 VENICE FL 34285

Mailing Address  
 PO BOX 1767  
 VENICE FL 34284



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**10/15/1997**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**65-0786600**

Applied For  
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
 Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIEBERMAN, ERIK R  
 227 NOKOMIS AVENUE SOUTH  
 VENICE FL 34285

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MERCER, LARRY C	
STREET ADDRESS	330 S PINEAPPLE AVE, #102	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SMITH, RICHARD D	
STREET ADDRESS	1515 RINGLING BLVD. #860	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURCHETT, CHARLA MCNALLY	
STREET ADDRESS	915 TAMiami TRl S	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HEARD, J GARRETT I	
STREET ADDRESS	1777 MAIN ST	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KOBER, LOIS E	
STREET ADDRESS	2801 FRUITVILLE RD	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Smith, Richard D.	
1.3 STREET ADDRESS	1515 Ringling Blvd #860	
1.4 CITY-ST-ZIP	Sarasota, FL 34236	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Burchett, Charla McNally	
2.3 STREET ADDRESS	2014 Fourth St.	
2.4 CITY-ST-ZIP	Sarasota, FL 34237	
3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Heard, J. Garrett	
3.3 STREET ADDRESS	1777 Main St.	
3.4 CITY-ST-ZIP	Sarasota, FL 34236	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Eskeu, Curtis L.	
4.3 STREET ADDRESS	2055 Wood St., Suite 205	
4.4 CITY-ST-ZIP	Sarasota, FL 34237	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Faist, Shirley Irons	
5.3 STREET ADDRESS	2 North Tamiami Trail, Suite 604	
5.4 CITY-ST-ZIP	Sarasota, FL 34236	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or of an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/99 (941) 365-0620  
 Date Daytime Phone #

CR2E037 (5/99)