


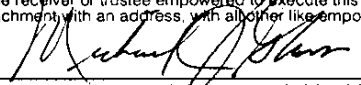
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90188 003 ****61.25

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DOCUMENT # N97000005787					
1. Entity Name SOUTHWEST FLORIDA ESTATE PLANNING COUNCIL, INC.					
Principal Place of Business 1515 RINGLING BLVD 10TH FLOOR SARASOTA, FL 34236		Mailing Address PO BOX 3018 SARASOTA, FL 34230			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01092007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0786600	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GANS, RICHARD R ESQ 1515 RINGLING BLVD 10TH FLOOR SARASOTA, FL 34236			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUART, DONALD S		NAME	Walker, Kathleen R.	
STREET ADDRESS	1515 RINGLING BLVD 10TH FLOOR		STREET ADDRESS	1590 First Street	
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINEWEAVER, JOHN W		NAME	Collins, R. Scott	
STREET ADDRESS	1819 MAIN STREET STE 1200		STREET ADDRESS	200 South Orange Avenue	
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	Peter, Marjorie A. VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, KATHLEEN R		NAME	1515 Ringling Blvd.	
STREET ADDRESS	1590 FIRST STREET		STREET ADDRESS	Sarasota, FL 34236	
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, SCOTT R		NAME	Crete, Randall J.	
STREET ADDRESS	200 SOUTH ORANGE AVENUE		STREET ADDRESS	1605 Main Street, Ste. 1004	
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, SUSAN		NAME	Glass, Michael J.	
STREET ADDRESS	1605 MAIN STREET STE 800		STREET ADDRESS	2501 South Tamiami Trail	
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP	Sarasota, FL 34239	
TITLE		<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		MICHAEL J. GLASS		1/16/07 941.366.2777	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	