


FILE NOW: FILING FEE IS \$61.25

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Apr 10 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 747162 (6)**  
 1. Corporation Name  
**CENTRAL FLORIDA ESTATE PLANNING COUNCIL, INC.**



Principal Place of Business <b>215 NORTH EOLA DRIVE ORLANDO FL 32801</b>	Mailing Address <b>215 NORTH EOLA DRIVE ORLANDO FL 32801-2028</b>
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3. Date Incorporated or Qualified <b>05/14/1979</b>	3a. Date of Last Report <b>09/16/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-3351739</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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9. Name and Address of Current Registered Agent <b>MICHAEL, CLIFFORD W 215 NORTH EOLA DRIVE ORLANDO FL 32801</b>	
81 Name <b>CLIFFORD, W. MICHAEL</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>215 North Eola Drive</b>
83	84 City <b>Orlando,</b>
85 Zip Code <b>32801</b>	

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 *Michael Clifford* **MICHAEL CLIFFORD** **APRIL 2, 1997**  
 Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MICHAEL, CLIFFORD W</b>		1.2 NAME <b>CLIFFORD, W. MICHAEL</b>	
STREET ADDRESS <b>215 NORTH EOLA DRIVE</b>		1.3 STREET ADDRESS <b>215 NORTH EOLA DRIVE</b>	
CITY-ST-ZIP <b>ORLANDO FL 32801</b>		1.4 CITY-ST-ZIP <b>ORLANDO, FL 32801</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WOLF, JULIE</b>		2.2 NAME	
STREET ADDRESS <b>750 S ORANGE AVENUE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>WINTER PARK FL 32789</b>		2.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PACE, KATHERINE A</b>		3.2 NAME	
STREET ADDRESS <b>111 NORTH ORANGE AVENUE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>ORLANDO FL 32801</b>		3.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LOWMAN, JOSEPH W JR</b>		4.2 NAME	
STREET ADDRESS <b>729 WEST HARVARD STREET</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>ORLANDO FL 32804</b>		4.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DETZEL, LAUREN Y</b>		5.2 NAME	
STREET ADDRESS <b>800 NORTH MAGNOLIA AVENUE</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>ORLANDO FL 32803</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BABIONE, MARCIA S</b>		6.2 NAME	
STREET ADDRESS <b>4080 EDGEWATER DRIVE</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>ORLANDO FL 32804</b>		6.4 CITY-ST-ZIP	

14. I do 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 on an attachment with an address.

SIGNATURE *Michael Clifford* **MICHAEL CLIFFORD** **APRIL 2, 1997**  
 Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating) DATE

CR2E037 (9/96)