

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **747162** (6)
1. Corporation Name
CENTRAL FLORIDA ESTATE PLANNING COUNCIL, INC.



Principal Place of Business	Mailing Address
215 NORTH EOLA DRIVE ORLANDO FL 32801	215 NORTH EOLA DRIVE ORLANDO FL 32801

3. Date Incorporated or Qualified

05/14/1979

4. FEI Number

59-3351739

Applied For

Not Applicable

2. Principal Place of Business
21 750 S. Orange Avenue

2a. Mailing Address
26 750 S. Orange Avenue

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Suite, Apt. #, etc.
22 c/o Julie Wolf

Suite, Apt. #, etc.
27 c/o Julie Wolf

6. Election Campaign Financing
Trust Fund Contribution ☐

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

City & State
23 Winter Park, FL

City & State
28 Winter Park, FL

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

Zip Country
24 32789 USA

Zip Country
29 32789 USA

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MICHAEL, CLIFFORD W
215 NORTH EOLA DRIVE
ORLANDO FL 32801**

81 Name
Julie Wolf

82 Street Address (P.O. Box Number is Not Acceptable)
750 S. Orange Avenue

83

84 City
Winter Park

FL

85 Zip Code
32789

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

3/16/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CLIFFORD, W. M	
STREET ADDRESS	215 NORTH EOLA DRIVE	
CITY-ST-ZIP	ORLANDO FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	WOLF, JULIE	
STREET ADDRESS	750 S ORANGE AVENUE	
CITY-ST-ZIP	WINTER PARK FL 32789	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	PACE, KATHERINE A	
STREET ADDRESS	111 NORTH ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	LOWMAN, JOSEPH W JR	
STREET ADDRESS	729 WEST HARVARD STREET	
CITY-ST-ZIP	ORLANDO FL 32804	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	DETZEL, LAUREN Y	
STREET ADDRESS	800 NORTH MAGNOLIA AVENUE	
CITY-ST-ZIP	ORLANDO FL 32803	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BABIONE, MARCIA S	
STREET ADDRESS	4060 EDGEWATER DRIVE	
CITY-ST-ZIP	ORLANDO FL 32804	

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William E. Legg	
1.3 STREET ADDRESS	135 W. Central Blvd., Suite 1200	
1.4 CITY-ST-ZIP	Orlando, FL 32801	

2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

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 on an attachment with an address.

SIGNATURE:

3/16/98

407-646-6375

CR2E037 (1097)