

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000005787 (3)**
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	
22 City & State		27 City & State		Applied For <input type="checkbox"/> Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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	President, Director <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larry C. Mercer	1.2 NAME	
STREET ADDRESS	330 S. Pineapple Ave., Ste. 102	1.3 STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34236	1.4 CITY-ST-ZIP	
TITLE	1st V.P., Director <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard D. Smith	2.2 NAME	
STREET ADDRESS	1515 Ringling Blvd., Ste. 860	2.3 STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34236	2.4 CITY-ST-ZIP	
TITLE	2nd V.P., Director <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charla McNally Burchett	3.2 NAME	
STREET ADDRESS	915 Tamiami Trail S.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Venice, FL 34292	3.4 CITY-ST-ZIP	
TITLE	Secretary, Director <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. Garrett Heard, IV	4.2 NAME	
STREET ADDRESS	1777 Main St.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34236	4.4 CITY-ST-ZIP	
TITLE	Treasurer, Director <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lois E. Kober	5.2 NAME	
STREET ADDRESS	2801 Fruitville Road	5.3 STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34237	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Larry C. Mercer

4-30-98

CR2E037 (10/97)