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).

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Jul 29, 1999 8:00 am
Secretary of State
07-29-1999 90022 029 ****61.25

DOCUMENT # N97000005787

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

Principal Place of Business	Mailing Address
227 NOKOMIS AVENUE SOUTH VENICE FL 34285	PO BOX 1767 VENICE FL 34284

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/15/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0786600 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LIEBERMAN, ERIK R
227 NOKOMIS AVENUE SOUTH
VENICE FL 34285

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MERCER, LARRY C		1.2 NAME	Smith, Richard D.	
STREET ADDRESS	330 S PINEAPPLE AVE, #102		1.3 STREET ADDRESS	1515 Ringling Blvd #860	
CITY-ST-ZIP	SARASOTA FL 34236		1.4 CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	VPD	☐ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	SMITH, RICHARD D		2.2 NAME	Burchett, Charla McNally	
STREET ADDRESS	1515 RINGLING BLVD, #860		2.3 STREET ADDRESS	2014 Fourth St.	
CITY-ST-ZIP	SARASOTA FL 34236		2.4 CITY-ST-ZIP	Sarasota, FL 34237	
TITLE	D	☐ DELETE	3.1 TITLE	VPD	☒ Change ☐ Addition
NAME	BURCHETT, CHARLA MCNALLY		3.2 NAME	Heard, J. Garrett	
STREET ADDRESS	915 TAMIAMI TRL S		3.3 STREET ADDRESS	1777 Main St.	
CITY-ST-ZIP	VENICE FL 34292		3.4. CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	SD	☐ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	HEARD, J GARRETT I		4. 2 NAME	Eskew, Curtis L.	
STREET ADDRESS	1777 MAIN ST		4.3 STREET ADDRESS	2055 Wood St., Suite 205	
CITY-ST-ZIP	SARASOTA FL 34236		4.4 CITY-ST-ZIP	Sarasota, FL 34237	
TITLE	TD	☒ DELETE	5.1 TITLE	TD	☐ Change ☒ Addition
NAME	KOBER, LOIS E		5.2 NAME	Faist, Shirley Irons	
STREET ADDRESS	2801 FRUITVILLE RD		5.3 STREET ADDRESS	2 North Tamiami Trail, Suite 604	
CITY-ST-ZIP	SARASOTA FL 34237		5.4 CITY-ST-ZIP	Sarasota, FL 34236	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/99)

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, with all other like empowered.

SIGNATURE: Erik R. Lieberman REQUIRED 7/23/99 (941) 365-0620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #