

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90002 005 ****61.25

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**

50001628



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

65-0786600

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 ☐ Delete
NAME GANS, RICHARD R
STREET ADDRESS 1515 RINGLING BLVD 10TH FLOOR
CITY-ST-ZIP SARASOTA, FL 34236

TITLE PD ☒ Change ☐ Addition
NAME Stuart, Donald S.
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME STUART, DONALD S
STREET ADDRESS 1549 RINGLING BLVD
CITY-ST-ZIP SARASOTA, FL 342366557

TITLE VPD ☒ Change ☐ Addition
NAME Lineweaver, John M.
STREET ADDRESS 1819 Main Street, Suite 1200
CITY-ST-ZIP SARASOTA, FL 34236

TITLE VPD ☐ Delete
NAME LINEWEAVER, JOHN M
STREET ADDRESS 1819 MAIN ST STE 1200
CITY-ST-ZIP SARASOTA, FL 34236

TITLE VPD ☒ Change ☐ Addition
NAME Walker, Kathleen R.
STREET ADDRESS 1590 First Street
CITY-ST-ZIP SARASOTA, FL 34236

TITLE SD ☐ Delete
NAME WALKER, KATHLEEN R
STREET ADDRESS 1590 FIRST ST
CITY-ST-ZIP SARASOTA, FL 34236

TITLE SD ☒ Change ☐ Addition
NAME Collins, Scott R.
STREET ADDRESS 200 South Orange Avenue
CITY-ST-ZIP SARASOTA, FL 34236

TITLE TD ☐ Delete
NAME COLLINS, R. SCOTT
STREET ADDRESS 200 S. ORANGE ST.
CITY-ST-ZIP SARASOTA, FL 34236

TITLE TD ☒ Change ☐ Addition
NAME Welch, Susan
STREET ADDRESS 1605 Main Street, Suite 800
CITY-ST-ZIP SARASOTA, FL 34236

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/05