

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90164 009 ****61.25

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02242005 Chg-NP CR2E037 (10/03)

DOCUMENT # 747162					
1. Entity Name CENTRAL FLORIDA ESTATE PLANNING COUNCIL, INC.					
Principal Place of Business 301 E. PINE ST., STE 300 ORLANDO, FL 32801-2727 US			Mailing Address 301 E. PINE ST., STE 300 ORLANDO, FL 32801-2727 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3351739	
				Applied For Not Applicable	
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		
ELLINGTON, RANDALL E PRES. 549 NORTH WYMORE ROAD SUITE 205 MAITLAND, FL 32751			Name <u>Kane Steven H</u> Street Address (P.O. Box Number is Not Acceptable) <u>557 N. Wymore Rd. # 100</u> City <u>Maitland</u> FL <u>32751</u>		
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 <u>Steven H. Kane</u>			DATE <u>3/4/2005</u>		
Signature, typed or printed name of registered agent and title if applicable			(NOTE: Registered Agent signature required when reinstating)		
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	TITLE	PD	☒ Change ☐ Addition
NAME	ELLINGTON, RANDALL E		NAME	Kane Steven H	
STREET ADDRESS	549 N. WYMORE RD #205		STREET ADDRESS	557 N. Wymore Rd # 100	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	VD	☐ Delete	TITLE	VD	☒ Change ☐ Addition
NAME	KANE, STEVEN H		NAME	CYNTHIA S. WYDRA	
STREET ADDRESS	557 N. WYMORE RD # 100		STREET ADDRESS	100 E SYBELIA AVE #205	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	VD	☐ Delete	TITLE	VD	☒ Change ☐ Addition
NAME	WYDRA, CYNTHIA S		NAME	TAMAYO, RONALD	
STREET ADDRESS	100 E SYBELIA AVE #205		STREET ADDRESS	601 S LAKE DESTINY RD #165	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	TD	☐ Delete	TITLE	TD	☒ Change ☐ Addition
NAME	TAMAYO, RONALD		NAME	SUNBERG, Laura K	
STREET ADDRESS	601 S LAKE DESTINY ROAD #165		STREET ADDRESS	PO BOX 231	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	ORLANDO, FL 32802	
TITLE	SD	☐ Delete	TITLE	SD	☒ Change ☐ Addition
NAME	SUNBERG, LAURA K		NAME	Hart, Margaret	
STREET ADDRESS	P.O. BOX 231		STREET ADDRESS	251 Plaza Drive	
CITY-ST-ZIP	ORLANDO, FL 32802		CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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 law empowered.					
SIGNATURE: <u>Steven H. Kane</u>			DATE <u>3/4/05</u>		
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # <u>(407) 661-1177</u>		