
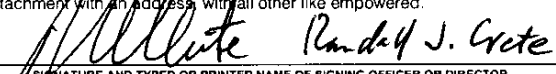


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90031 050 ****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 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 65-0786600 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GANS, RICHARD R ESQ 1515 RINGLING BLVD 10TH FLOOR SARASOTA, FL 34236 | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 NAME STREET ADDRESS CITY-ST-ZIP | PD STUART, DONALD S 1515 RINGLING BLVD 10TH FLOOR SARASOTA, FL 34236 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Lineweaver, John W. 1819 Main Street, Ste 1200 Sarasota, FL 34236 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LINEWEAVER, JOHN W 1819 MAIN STREET STE 1200 SARASOTA, FL 34236 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Walker, Kathleen R. 1590 First Street Sarasota, FL 34236 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD WALKER, KATHLEEN R 1590 FIRST STREET SARASOTA, FL 34236 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD Collins, Scott R. 200 South Orange Avenue Sarasota, FL 34236 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD COLLINS, SCOTT R 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Peter, Marjorie A. 1515 Ringling Blvd. Sarasota, FL 34236 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WELCH, SUSAN 1605 MAIN STREET STE 800 SARASOTA, FL 34236 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD Crete, Randall J. 1605 Main Street, Ste 1004 Sarasota, FL 34236 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 full other like empowered. | | | | | |
| SIGNATURE:  Randall J. Crete | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date: 1-30-06 Daytime Phone #: 941 954 8700 | |