2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2006 8:00 am
Secretary of State
08-10-2006 90002 020 ****61.25

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1. Entity Name
CENTRAL FLORIDA ESTATE PLANNING COUNCIL, INC.

Principal Place of Business	Mailing Address
301 E. PINE ST., STE 300 ORLANDO, FL 32801-2727 US	301 E. PINE ST., STE 300 ORLANDO, FL 32801-2727 US

07212006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
420 S. Orange Ave.,	10211 Falcon Parc Blvd.
Suite, Apt. #, etc. Suite 1200	Suite, Apt. #, etc. #205
City & State Orlando, FL	City & State Orlando, FL
Zip: 32801 Country: Orange	Zip: 32832 Country: Orange

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
KANE, STEVEN H 557 N WYMORE RD #100 MAITLAND, FL 32751	Name: Amelia A. Drury Street Address (P.O. Box Number is Not Acceptable): 10211 Falcon Parc Blvd., #205 City: Orlando, FL **FL** Zip Code: 32832

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: Amelia A. Drury 8/2/06
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 September 6, 2006

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KANE, STEVEN H 557 N WYMORE RD #100 MAITLAND, FL 32751	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Laura Sundberg 420 S. Orange Ave., Suite 1200 Orlando, FL 32801	XX ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WYDRA, CYNTHIA S 100 E SYBELIA AVE #205 MAITLAND, FL 32751	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Peggy Hoyt 254 Plaza Dr. Oviedo, FL 32765	XX ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TAMAYO, RONALD 601 S LAKE DESTINY RD #165 MAITLAND, FL 32751	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Kaki Rawls 450 S. Orange Ave., Suite 1400 Orlando, FL 32801	Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SUNBERG, LAURA K PO BOX 231 ORLANDO, FL 32802	Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Amy Bock 390 N. Orange Ave., Suite 700 Orlando, FL 32801	Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HOYT, MARGARET 251 PLAZA DR OVIEDO, FL 32765	Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD David Akins P.O. Box 2346 Orlando, FL 32802	Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 all other like empowered.

SIGNATURE: [signature] ANNA CATHERINE DAVIS RAWLS (AKA Kaki Rawls) 8.2.06 407540-7627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #