


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90125 003 \*\*\*\*61.25

<b>DOCUMENT # 747162</b>					
<b>1. Entity Name</b> CENTRAL FLORIDA ESTATE PLANNING COUNCIL, INC.					
<b>Principal Place of Business</b> 420 S. ORANGE AVE STE 1200 ORLANDO, FL 32801 US			<b>Mailing Address</b> 10211 FALCON PARC BLVD. #205 ORLANDO, FL 32832 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
DRURY, AMELIA A 10211 FALCON PARC BLVD. #205 ORLANDO, FL 32832			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE <u>Amelia A. Drury (Amelia A. Drury)</u>		DATE <u>3/27/07</u>		(NOTE: Registered Agent signature required when reinstating)	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUNDBERG, LAURA 420 S. ORANGE AVE. STE 1200 ORLANDO, FL 32801	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOYT, PEGGY 254 PLAZA DR. OVIEDO, FL 32765	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAWLS, KAKI 450 S. ORANGE AVE. STE 1400 ORLANDO, FL 32801	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SD</del> <del>HOYT, MARGARET</del> <del>254 PLAZA DR.</del> <del>OVIEDO, FL 32765</del>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOCK, AMY 390 N. ORANGE AVE. STE 700 ORLANDO, FL 32801	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Akins, David 800 N. Magnolia Ave., Ste. 1500 Orlando, FL 32803	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Admin. Asst. Amelia A. Drury 10211 Falcon Parc Blvd., #205 Orlando, FL 32832	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>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.</b>					
SIGNATURE: <u>Peggy E. Hoyt</u>		DATE: <u>3/28/07</u>		DAYTIME PHONE: <u>407-911-8080</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40043144



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4. FEI Number 59-3351739 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required