

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747162

**Entity Name:** CENTRAL FLORIDA ESTATE PLANNING COUNCIL, INC.

**FILED**  
**Apr 30, 2017**  
**Secretary of State**  
**CC7851763452**

**Current Principal Place of Business:**

400 PARK AVENUE S.  
2ND FLOOR  
WINTER PARK, FL 32789

**Current Mailing Address:**

400 PARK AVENUE S.  
2ND FLOOR  
WINTER PARK, FL 32789 US

**FEI Number: 59-3351739**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DRURY, AMELIA A  
400 PARK AVENUE S.  
2ND FLOOR  
WINTER PARK, FL 32789 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name LEE FATT, KAREN  
Address P.O. BOX 1406  
City-State-Zip: MOUNT DORA FL 32756

Title VD  
Name AHEARN, MATTHEW  
Address 420 SOUTH ORANGE AVENUE,  
SUITE 700  
City-State-Zip: ORLANDO FL 32801

Title VD  
Name SOLASH-REED, LINDA  
Address 871 OUTER ROAD,  
SUITE C  
City-State-Zip: ORLANDO FL 32814

Title SD  
Name SMITH, TODD  
Address 800 N. MAGNOLIA AVE.,  
SUITE 900  
City-State-Zip: ORLANDO FL 32803

Title TD  
Name SLANE, ROBERT  
Address 585 N. COURTENAY PKWY,  
SUITE 201  
City-State-Zip: MERRITT ISLAND FL 32953

Title AS  
Name DRURY, AMELIA A  
Address 400 PARK AVE., SOUTH, 2ND FLOOR  
City-State-Zip: WINTER PARK FL 32789

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: KAREN LEE FATT**

**PRESIDENT**

**04/30/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date