

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747162

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

**FILED**  
**Jun 01, 2020**  
**Secretary of State**  
**1138044546CC**

**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            PRESIDENT  
Name            LILLY, MATT  
Address        3160 SOUTHGATE COMMERCE BLVD  
                  SUITE 50  
City-State-Zip: ORLANDO FL 32806

Title            V  
Name            SHAW, THOMAS  
Address        2200 LUCIEN WAY  
                  SUITE 450  
City-State-Zip: MAITLAND FL 32751

Title            V  
Name            SMITH, TODD  
Address        3001 OCEAN DRIVE  
                  SUITE 301  
City-State-Zip: VERO BEACH FL 32963

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

Title            T  
Name            LEVIN, DONALD  
Address        200 SOUTH ORANGE AVENUE  
                  SUITE 1200  
City-State-Zip: ORLANDO FL 32801

Title            SECRETARY  
Name            HUEBNER, NOREEN  
Address        255 SOUTH ORANGE AVENUE  
                  10TH FLOOR  
City-State-Zip: ORLANDO FL 32801

*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: AMELIA DRURY**

**ADMINISTRATIVE  
ASSISTANT**

**06/01/2020**

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

\_\_\_\_\_  
Date