

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747162

Entity Name: CENTRAL FLORIDA ESTATE PLANNING COUNCIL, INC.**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	AHEARN, MATTHEW J.
Address	420 SOUTH ORANGE AVENUE SUITE 700
City-State-Zip:	ORLANDO FL 32801

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

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

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

Title	SD
Name	LILLY, MATT
Address	3160 SOUTHGATE COMMERCE BLVD. SUITE 50
City-State-Zip:	ORLANDO FL 32806

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: MATTHEW J. AHEARN**02/07/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date