

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# 747162

Entity Name: CENTRAL FLORIDA ESTATE PLANNING COUNCIL, INC.

Current Principal Place of Business:

1328 SAWGRASS POINTE DR
ORLANDO, FL 32824

Current Mailing Address:

1328 SAWGRASS POINTE DR
ORLANDO, FL 32824 US

FEI Number: 59-3351739

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DRURY, AMELIA A
1328 SAWGRASS POINTE DR
ORLANDO, FL 32824 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, DIRECTOR

Name SHAW, THOMAS

Address 2200 LUCIEN WAY
SUITE 405

City-State-Zip: MAITLAND FL 32751

Title PAST PRESIDENT

Name SMITH, TODD

Address 3001 OCEAN DRIVE
SUITE 301

City-State-Zip: VERO BEACH FL 32963

Title EXECUTIVE SECRETARY

Name DRURY, AMELIA A

Address 1328 SAWGRASS POINTE DRIVE

City-State-Zip: ORLANDO FL 32824

Title 2ND VICE PRESIDENT, DIRECTOR

Name LEVIN, DONALD

Address 200 SOUTH ORANGE AVENUE
SUITE 1200

City-State-Zip: ORLANDO FL 32801

Title TREASURER, DIRECTOR

Name NIEMANN, ANDREA J

Address 1419 GENE STREET

City-State-Zip: WINTER PARK FL 32789

Title 1ST VICE PRESIDENT, DIRECTOR

Name PERCOPO, JOSEPH M.

Address 420 S. ORANGE AVENUE
SUITE 700

City-State-Zip: ORLANDO FL 32801

Title SECRETARY, DIRECTOR

Name YASINSAC, JENNIFER A

Address 4644 SHORECREST DRIVE

City-State-Zip: ORLANDO FL 32817

Title DIRECTOR

Name HARRIS, DANIEL

Address 1000 LEGION PLACE
SUITE 1700

City-State-Zip: ORLANDO FL 32801

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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: THOMAS C. SHAW

PRESIDENT

08/04/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DONELSON, NICOLE
Address 800 N. MAGNOLIA AVENUE
SUITE 1200
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name WHITE, ASHLEY
Address 8851 CONROY-WINDERMERE ROAD
SECOND FLOOR
City-State-Zip: ORLANDO FL 32835

Title DIRECTOR
Name PRINCE-TROUTMAN, STACEY
Address 420 S. ORANGE AVENUE
SUITE 1200
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name GROOVER, LEA ANNE
Address 7208 W. SANDLAKE ROAD
SUITE 305
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR
Name AMOROSO, LISA
Address 280 W. CANTON AVENUE
SUITE 310
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name COLLIER, TIFFANY
Address 3160 SOUTHGATE COMMERCE BLVD.
SUITE 50
City-State-Zip: ORLANDO FL 32806