

**2021 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	PRESIDENT
Name	LILLY, MATT
Address	3160 SOUTHGATE COMMERCE BLVD SUITE 50
City-State-Zip:	ORLANDO FL 32806

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

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

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

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

Title	SECRETARY
Name	HUEBNER, NOREEN
Address	333 SOUTH GARLAND AVENUE
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 A DRURY

04/22/2021

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