

**2023 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 PAST PRESIDENT, DIRECTOR  
Name SHAW, THOMAS  
Address 2200 LUCIEN WAY  
SUITE 405  
City-State-Zip: MAITLAND FL 32751

Title TREASURER, DIRECTOR  
Name NIEMANN, ANDREA J  
Address 1419 GENE STREET  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name HARRIS, DANIEL  
Address 1000 LEGION PLACE  
SUITE 1700  
City-State-Zip: ORLANDO FL 32801

Title 2ND VICE PRESIDENT, DIRECTOR  
Name WHITE, ASHLEY  
Address 8851 CONROY-WINDERMERE ROAD  
SECOND FLOOR  
City-State-Zip: ORLANDO FL 32835

Title EXECUTIVE SECRETARY  
Name DRURY, AMELIA A  
Address 1328 SAWGRASS POINTE DRIVE  
City-State-Zip: ORLANDO FL 32824

Title PRESIDENT, DIRECTOR  
Name PERCOPO, JOSEPH M.  
Address 420 S. ORANGE AVENUE  
SUITE 700  
City-State-Zip: ORLANDO FL 32801

Title 1ST VICE PRESIDENT, DIRECTOR  
Name DONELSON, NICOLE  
Address 800 N. MAGNOLIA AVENUE  
SUITE 1200  
City-State-Zip: ORLANDO FL 32803

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

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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: JOSEPH M. PERCOPO**

**PRESIDENT**

**08/17/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name THOMPSON, ANDREW  
Address 315 E. ROBINSON ST.  
SUITE 600  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name SUTO, CHRISTOPHER  
Address 200 SOUTH ORANGE AVE  
SUITE 1200  
City-State-Zip: ORLANDO FL 32801

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

Title DIRECTOR  
Name BOSTEDO, JENNIER  
Address 1201 S. ORLANDO AVE.  
SUITE 370  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name WILLIAMS, LEMAR  
Address 801 INTERNATIONAL PARKWAY  
SUITE 500  
City-State-Zip: ORLANDO FL 32746