

**2015 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	BABIONE, MARCIA
Address	4060 EDGEWATER DRIVE
City-State-Zip:	ORLANDO FL 32804
Title	VD
Name	AHEARN, MATTHEW
Address	800 NORTH MAGNOLIA AVENUE SUITE 1500
City-State-Zip:	ORLANDO FL 32803
Title	TD
Name	SLANE, ROBERT
Address	280 W. CANTON AVENUE SUITE 230
City-State-Zip:	WINTER PARK FL 32789

Title	VD
Name	LEE FATT, KAREN
Address	714 NORTH DONNELLY STREET
City-State-Zip:	MOUNT DORA FL 32756
Title	SD
Name	SOLASH-REED, LINDA
Address	871 OUTER ROAD SUITE C
City-State-Zip:	ORLANDO FL 32814
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:** MARCIA BABIONE

**PRESIDENT**

**05/06/2015**

Electronic Signature of Signing Officer/Director Detail

Date