

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770505

Entity Name: NORTH SUNCOAST ESTATE PLANNING COUNCIL, INC.**Current Principal Place of Business:**2509 CHEVAL DR.
HOLIDAY, FL 34690**Current Mailing Address:**2509 CHEVAL DR.
HOLIDAY, FL 34690 US**FEI Number:** 59-2025998**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MAY, MICHAEL V
2509 CHEVAL DR.
HOLIDAY, FL 34690 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 TREASURER, DIRECTOR
Name MAY, MICHAEL V
Address 2509 CHEVAL DR
City-State-Zip: HOLIDAY FL 34690

Title DIRECTOR
Name PETERS, MIKE
Address 11315 LITTLE RD
City-State-Zip: NEW PORT RICHEY FL 34654

Title SECRETARY, DIRECTOR
Name GANGEMI, LINDA J
Address 11300 S R 54
City-State-Zip: TRINTIY FL 34655

Title PRESIDENT, DIRECTOR
Name BREEN, CAROLINE
Address 3709 WEST JETTON AVE
City-State-Zip: TAMPA FL 33629

Title DIRECTOR
Name GRABOWSKI, MARIANNE E
Address 7512 RIDGE ROAD
City-State-Zip: PORT RICHEY FL 34668

Title VP, DIRECTOR
Name MEGLAY, DAVID P
Address 3030 STARKEY BLVD.
 SUITE 157
City-State-Zip: TRINITY FL 34655

Title DIRECTOR
Name DODDRIDGE, RYAN A
Address 1835 HEALTH CARE DRIVE
City-State-Zip: TRINITY FL 34655

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: MICHAEL V. MAY**TREASURER, DIRECTOR 04/18/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date