

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000005787

**Entity Name:** SOUTHWEST FLORIDA ESTATE PLANNING COUNCIL, INC.

**FILED**  
**Mar 21, 2014**  
**Secretary of State**  
**CC4880843207**

**Current Principal Place of Business:**

1515 RINGLING BLVD  
10TH FLOOR  
SARASOTA, FL 34236

**Current Mailing Address:**

PO BOX 2098  
SARASOTA, FL 34230 20

**FEI Number: 65-0786600**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GANS, RICHARD RESQ  
1515 RINGLING BLVD  
10TH FLOOR  
SARASOTA, FL 34236 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 BUTLER, CHRISTINE A  
Address THE NORTHERN TRUST COMPANY  
P.O. BOX 4097  
City-State-Zip: SARASOTA FL 34230-4097

Title VPD  
Name PARROTT, MICHAEL  
Address 1025 S. ORANGE AVENUE  
City-State-Zip: SARASOTA FL 34236

Title VPD  
Name MORAN, JOHN A  
Address 22 S. LINKS AVENUE, STE. 300  
City-State-Zip: SARASOTA FL 34236

Title SD  
Name DAVID, PAYNE W  
Address 240 S. PINEAPPLE AVE., STE 401  
City-State-Zip: SARASOTA FL 34236

Title TD  
Name KOEPESEL, RONALD E  
Address SABAL TRUST COMPANY  
1800 SECOND ST., SUITE 103  
City-State-Zip: SARASOTA FL 34236

*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: CHRISTINE A. BUTLER**

**PD**

**03/21/2014**

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

\_\_\_\_\_  
Date