

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005787

Entity Name: SOUTHWEST FLORIDA ESTATE PLANNING COUNCIL, INC.**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	MORAN, JOHN A
Address	22 S. LINKS AVENUE SUITE 300
City-State-Zip:	SARASOTA FL 34236

Title	VPD
Name	PAYNE, DAVID W
Address	240 S. PINEAPPLE AVENUE SUITE 401
City-State-Zip:	SARASOTA FL 34236

Title	VPD
Name	KOEPSEL, RONALD E
Address	SABAL TRUST COMPANY 1800 SECOND STREET SUITE 103
City-State-Zip:	SARASOTA FL 34236

Title	SECRETARY
Name	DENISON, LORI
Address	LIFE BLUEPRINTS 6611 CONETTA DRIVE
City-State-Zip:	SARASOTA FL 34243

Title	TREASURER
Name	JONES, BARBARA
Address	1990 MAIN ST SUITE 801
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: BARBARA JONES**TREASURER****02/23/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date