02241999-90148-030-$61.25-$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State
02-24-1999 90148 030 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729971

1. Corporation Name
ESTATE PLANNING COUNCIL OF BROWARD COUNTY, INC.

Principal Place of Business	Mailing Address
100 NE THIRD AVE STE 400 FT LAUDERALE FL 33301 US	100 NE THIRD AVE STE 400 FT LAUDERDALE FL 33301 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/18/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7411611 — Applied For / Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required.
Zip 24 — Country 25	Zip 29 — Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DAVIS, JAMES B 100 NE 3RD AVE, STE 400 FORT LAUDERDALE FL 33301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL — 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MCDONOUGH, REBECCA L	1.2 NAME	
STREET ADDRESS	190 SE 19TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33060	1.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, JAMES B	2.2 NAME	
STREET ADDRESS	100 NE THIRD AVE, STE 400	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	2.4 CITY-ST-ZIP	
TITLE	~~TD~~ ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS JAMES B.	3.2 NAME	
STREET ADDRESS	100 NE 3RD AVE STE 400	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	SD ☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FUERST, DOUGLAS P	4.2 NAME	
STREET ADDRESS	5900 N ANDREWS AVE #908	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FUERST, DOUGLAS P	5.2 NAME	
STREET ADDRESS	5900 N ANDREWS AVE #908	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	5.4 CITY-ST-ZIP	
TITLE	SD ☒ DELETE	6.1 TITLE	SD ☐ Change ☒ Addition
NAME	STEWART, WILLIAM P	6.2 NAME	THOMAS JOYCE
STREET ADDRESS	2626 E OAKLAND PARK BLVD	6.3 STREET ADDRESS	50 E CAMINO REAL
CITY-ST-ZIP	FT LAUDERDALE FL 33306	6.4 CITY-ST-ZIP	BOCARATON FL 33432

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Rebecca M. McDonough — 3-18-99 — 954-781-8800