



**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90191 024 \*\*\*\*61.25

<b>DOCUMENT # 732902</b>					
1. Entity Name <b>THE TAMPA BAY ESTATE PLANNING COUNCIL, INC.</b>					
Principal Place of Business 11266 W. HILLSBOROUGH AVENUE PMB 338 TAMPA, FL 33635		Mailing Address 11266 W. HILLSBOROUGH AVENUE PMB 338 TAMPA, FL 33635		<p>94070077</p>  <p>02192004 Chg-NP CR2E037 (10/03)</p>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country			
4. FEI Number 51-0173888				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  BARTON, MICHAEL 1001 S. OREGON AVENUE TAMPA, FL 33606			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ARNOLD, LYNWOOD D JR	NAME	Richard M. Herman		
STREET ADDRESS	400 N TAMEA STREET STE 2450	STREET ADDRESS	400 N. Ashley Drive, Suite 2650		
CITY-ST-ZIP	TAMPA, FL 33602	CITY-ST-ZIP	Tampa, FL 33602		
TITLE	VD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAXTER, GEORGE J	NAME			
STREET ADDRESS	4950 W KENNEDY BLVD #250	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE			
NAME	BARTON, MICHAEL	NAME			
STREET ADDRESS	100 S ASHLEY SUITE 1000	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33602	CITY-ST-ZIP			
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE			
NAME	BAUMANN, PHILLIP A	NAME			
STREET ADDRESS	100 N TAMPA #1900	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOUGH, JAMES D	NAME			
STREET ADDRESS	1111 OAKFIELD SUITE 101	STREET ADDRESS			
CITY-ST-ZIP	BRANDON, FL 33511	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LONGHOUSE, DONNA	NAME			
STREET ADDRESS	PO BOX-1438	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33601	CITY-ST-ZIP			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Richard M. Herman, Sec.</u>		Date: <u>4/26/04</u>		Daytime Phone #: <u>813-223-5577</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>RICHARD M. HERMAN</b>					