


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90183 002 ****61.25

DOCUMENT # 732902	
1. Entity Name THE TAMPA BAY ESTATE PLANNING COUNCIL, INC.	

Principal Place of Business 11266 W. HILLSBOROUGH AVENUE PMB 338 TAMPA, FL 33635	Mailing Address 11266 W. HILLSBOROUGH AVENUE PMB 338 TAMPA, FL 33635
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04242006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HERMAN, RICHARD M 400 N ASHLEY DRIVE, STE 2650 TAMPA, FL 33602		Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL Zip Code	

4. FEI Number 51-0173888	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$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	TD	<input type="checkbox"/> Delete		TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERMAN, RICHARD M			NAME			
STREET ADDRESS	400 N. ASHLEY DRIVE, SUITE 2650			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33602			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOLAN, MARTHA			NAME			
STREET ADDRESS	P.O. BOX 31813			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 336313813			CITY-ST-ZIP			
TITLE	PS	<input checked="" type="checkbox"/> Delete		TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BARTON, MICHAEL			NAME	Mark F. Krivonak		
STREET ADDRESS	100 S ASHLEY SUITE 1000			STREET ADDRESS	302 Knights Run Ave. Ste 1000		
CITY-ST-ZIP	TAMPA, FL 33602			CITY-ST-ZIP	Tampa FL 33602-5955		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BROWN, TAMARA S			NAME	J. Scott Robey		
STREET ADDRESS	500 N WESTSHORE BLVD, #750			STREET ADDRESS	100 S. Ashley Dr. Ste. 1650		
CITY-ST-ZIP	TAMPA, FL 33609			CITY-ST-ZIP	Tampa FL 33602-5310		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	PD	<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	VD	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LONGHOUSE, DONNA			NAME	S.M. Sherif		
STREET ADDRESS	PO BOX 1438			STREET ADDRESS	4830 W. Kennedy Blvd., Ste. 800		
CITY-ST-ZIP	TAMPA, FL 33601			CITY-ST-ZIP	Tampa, FL 33609-2585		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

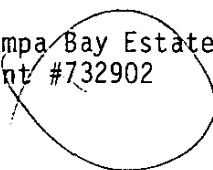
SIGNATURE: Richard M. Herman v.p.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/28/06 813 223 5577
 Daytime Phone #

ATTACHMENT

40078999

The Tampa Bay Estate Planning Council, Inc.
 Document #732902



11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition J. Eric Taylor P.O. Box 1102 Tampa FL 33601-1102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jennifer Williams 401 E. Jackson St., 19th Floor Tampa FL 33602-5233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Robert A. Kokol P.O. Box 14407 Saint Petersburg FL 33733-4407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Philip A. Scheidt 9385 N. 56th St., Ste. 305 Temple Terrace FL 33617-5505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Robert L. Smith 4830 W. Kennedy Blvd., Ste. 875 Tampa FL 33609-2557
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition William R. Swindle 100 S. Ashley Dr., Ste. 1000 Tampa FL 33602-5341

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michael C. Valdez 1301 W. Fletcher Ave. Tampa FL 33612-3310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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