


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90044 045 ****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

401000



2. Principal Place of Business - No P.O. Box #
 12157 W Linebaugh Ave., PMB 312

3. Mailing Address
 12157 W Linebaugh Ave., PMB 312

Suite, Apt. #, etc.

04262007 Chg-NP CR2E037 (12/06)

City & State
Tampa FL

City & State
Tampa FL

Zip
33635-9762

Country
USA

4. FEI Number
51-0173888

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HERMAN, RICHARD M
400 N ASHLEY DRIVE, STE 2650
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Filing Fee is \$61.25
Due by May 1, 2007

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

| | | |
|----------------|---------------------------------|--|
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | HERMAN, RICHARD M | |
| STREET ADDRESS | 400 N. ASHLEY DRIVE, SUITE 2650 | |
| CITY-ST-ZIP | TAMPA, FL 33602 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | DOLAN, MARTHA | |
| STREET ADDRESS | P.O. BOX 31813 | |
| CITY-ST-ZIP | TAMPA, FL 336313813 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | KRIVONAK, MARK F | |
| STREET ADDRESS | 302 KNIGHTS RUN AVE STE 1000 | |
| CITY-ST-ZIP | TAMPA, FL 336025955 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ROBEY, J. SCOTT | |
| STREET ADDRESS | 100 S ASHLEY DR STE 1650 | |
| CITY-ST-ZIP | TAMPA, FL 336025310 | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | HOUGH, JAMES D | |
| STREET ADDRESS | 1111 OAKFIELD SUITE 101 | |
| CITY-ST-ZIP | BRANDON, FL 33511 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SHERIF, S.M. | |
| STREET ADDRESS | 4830 W KENNEDY BLVD STE 800 | |
| CITY-ST-ZIP | TAMPA, FL 336092585 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07 813-223-5577
 Date Daytime Phone #

ATTACHMENT

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

40103080

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD Robert Kokol PO Box 14407 St. Petersburg, FL 33733-4407 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD Shane Hart 100 N. Tampa St., Suite 4100 Tampa, FL 33602-3644 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD Rose Brempong 200 Central Ave., FLS-753-03-03 St. Petersburg, FL 33701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Timothy K. Bronza PO Box 1850 Winter Park, FL 32790-1850 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Joseph Edwards 201 N. Franklin St., Suite 2100 Tampa, FL 33602-5813 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D David W. Jones 3100 S. Dale Mabry Hwy. Tampa, FL 33629-7822 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Ronald W. Lasday 4890 W. Kennedy Blvd., Suite 800 Tampa, FL 33609-1851 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Clint Monts de Oca 601 N. Ashley Dr. Tampa, FL 33602-4334 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Bruce H. Gordon 101 E. Kennedy Blvd., Suite 2800 Tampa, FL 33602-5150 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Joel Stephens PO Box 556 Tampa, FL 33601-0556 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Cheryl Mitchell 14502 N. Dale Mabry Hwy., Suite 334 Tampa, FL 33618-2072 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Tammy Ferrell 425 N. Florida Ave. Tampa, FL 33602-4807 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |