

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **768463** (2)  
1. Corporation Name  
**ESTATE PLANNING COUNCIL OF BREVARD COUNTY, INC.**



Principal Place of Business <b>P.O. BOX 1314 MELBOURNE FL 32902 US</b>	Mailing Address <b>P.O. BOX 1314 MELBOURNE FL 32902-1314 US</b>
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3. Date Incorporated or Qualified <b>05/16/1983</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-6862388</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NASH, CHARLES IAN  
930 SOUTH HARBOR CITY BLVD  
STE 505  
MELBOURNE FL 32901**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 FL	86 Zip Code
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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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-installing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOLHEAUX, SUSAN J</b>	1.2 NAME	
STREET ADDRESS	<b>100 RIALTO PLACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRESNICK, DAVID M</b>	2.2 NAME	
STREET ADDRESS	<b>96 WILLARD ST SUITE 304</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEY, CATHERINE</b>	3.2 NAME	
STREET ADDRESS	<b>1600 WEST EAU GALLIE BLVD #203</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMMS, PENNIE</b>	4.2 NAME	
STREET ADDRESS	<b>1004 BEVERLY DR SUITE F</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROCKLEDGE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAYDEN, NORMAN C</b>	5.2 NAME	
STREET ADDRESS	<b>100 RIALTO PALCE SUITE 720</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUFF, A. SCOTT</b>	6.2 NAME	
STREET ADDRESS	<b>800 S. BABCOCK ST., STE 403</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Norman C. Hayden* **NORMAN C. HAYDEN** 1/15/97 407-984-2639

CR2E037 (9/96)