

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90029 043 ****61.25

0019073

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 768463

1. Corporation Name

ESTATE PLANNING COUNCIL OF BREVARD COUNTY, INC.

Principal Place of Business

**410 N MIRAMAR AVE
 INDIALANTIC FL 32903
 US**

Mailing Address

**410 N MIRAMAR AVE
 INDIALANTIC FL 32903
 US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

05/16/1983

4. FEI Number

59-6862388

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAIDA, VINCENT	
STREET ADDRESS	22561 BLUE FIN TR	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WEINROTH, R	
STREET ADDRESS	21786 MARIGOT DR	
CITY-ST-ZIP	COCOA FL 33428	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RAMAGE, M	
STREET ADDRESS	12702 TORBAX DR	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, ALLAN	
STREET ADDRESS	12543 ROCKWELL WAY	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DANZA, L	
STREET ADDRESS	22065 PALM GRASS DR	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUFF, A. SCOTT	
STREET ADDRESS	2351 W EAU GALLIE BLVD STE 1	
CITY-ST-ZIP	MELBOURNE FL 32935	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DAVID Presnick	
1.3 STREET ADDRESS	96 Willard St Ste 302	
1.4 CITY-ST-ZIP	Cocoa FL 32922	
2.1 TITLE	First Vice President D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Catherine Key	
2.3 STREET ADDRESS	2717 N Wickham Rd #3	
2.4 CITY-ST-ZIP	Melbourne FL 32935	
3.1 TITLE	Second Vice President D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Pennie Simms	
3.3 STREET ADDRESS	1004 Beverly Dr Ste F	
3.4 CITY-ST-ZIP	Rockledge FL 32956	
4.1 TITLE	Secretary D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Ken Whitaker	
4.3 STREET ADDRESS	169d W Hibiscus Blvd	
4.4 CITY-ST-ZIP	Melbourne FL 32911	
5.1 TITLE	Treasurer D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Laura Anderson	
5.3 STREET ADDRESS	930 S. Harbor City Blvd #505	
5.4 CITY-ST-ZIP	Melbourne FL 32901	
6.1 TITLE	Director At Large D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Sandy Rice	
6.3 STREET ADDRESS	4690-4 Beck-Lake Trail	
6.4 CITY-ST-ZIP	Melbourne FL 32901	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

1-7-99 (407)639-1320