2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State
03-11-2004 90018 046 ****61.25

DOCUMENT # 768463

1. Entity Name
ESTATE PLANNING COUNCIL OF BREVARD COUNTY, INC.

Principal Place of Business	Mailing Address
410 N MIRAMAR AVE INDIALANTIC, FL 32903 US	410 N MIRAMAR AVE INDIALANTIC, FL 32903 US

02192004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-6862388 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NASH, CHARLES IAN 930 SOUTH HARBOR CITY BLVD STE 505 MELBOURNE, FL 32901	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ANDERSON, LAURA 930 S. HARBOR CITY BLVD. #505 MELBOURNE, FL 32901	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President DAN MOISAND 6767 N Wickham Rd #400 Melbourne FL 32940	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MOISAND, DAN 1361 BEDFORD DR. #103 MELBOURNE, FL 32940	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Kurt PAnouses 140 Sixth Ave Indialantic FL 32903	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WHITTAKER, KEN 1692 W HIBISCUS BLVD MELBOURNE, FL 32901	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GINA HOWARD 215 BAYtree DR Melbourne FL 32940	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PANOUSES, KURT 8240 DEREREAX DR., SUITE 100 MELBOURNE, FL 32940	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Randy Coleman 775 E Merrit Island Csy #300 Merrit Island FL 32952	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FORBER, DARCY 1025 S BABCOCK ST MELBOURNE, FL 32901	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Ron Cecilione 503 S Fifth Ave Indialantic FL 32903	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATL COLEMAN, RANDY 775 E. MERRITT ISLAND CSWY #300 MERRITT ISLAND, FL 32952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mary June Joseph 1811 S Patrick Dr Indian Harbour Bch FL 32937	☐ Change ☑ Addition

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: _____ 3/8/04 321-724-1883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #