

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90063 006 \*\*\*\*61.25

**DOCUMENT # N03000003133**

1. Entity Name  
**WEST BROWARD ESTATE PLANNING COUNCIL, INC.**



Principal Place of Business  
**1930-6 N COMMERCE PKWY  
WESTON, FL 33326**

Mailing Address  
**1930-6 N COMMERCE PKWY  
WESTON, FL 33326**

**50002990**



2. Principal Place of Business  
**1792 Bell Tower Lane**  
Suite, Apt. #, etc.

3. Mailing Address  
**1792 Bell Tower Lane**  
Suite, Apt. #, etc.

01062005 Chg-NP CR2E037 (10/03)

City & State  
**WESTON FL**  
Zip  
**33326** Country

City & State  
**WESTON FL**  
Zip  
**33326** Country

4. FEI Number  
**54-2105597** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**SPEICHER, MICHELE  
4128 BOSTON COURT  
WESTON, FL 33331**

7. Name and Address of New Registered Agent

Name **TOM CAMERON**  
Street Address (P.O. Box Number is Not Acceptable)  
**1792 Bell Tower Lane**  
City **WESTON** FL Zip Code **33326**

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 **Tom Cameron**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-14-2005**

**Filing Fee is \$61.25  
Due by May 1, 2005**

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 PD  
NAME **SPEICHER, MICHELE** ☐ Delete  
STREET ADDRESS **4128 BOSTON COURT**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33331**

TITLE VD  
NAME **SNYDER, WILLIAM** ☐ Delete  
STREET ADDRESS **7931 SW 45 STREET**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33328**

TITLE TD  
NAME **KLISTON, TODD** ☐ Delete  
STREET ADDRESS **8211 W BROWARD BLVD., #375**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33324**

TITLE SD  
NAME **CAMERON, TOM** ☐ Delete  
STREET ADDRESS **1930-6 N COMMERCE PKWY**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33326**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1792 Bell Tower Lane**  
CITY-ST-ZIP **WESTON, FL 33326**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **Tom Cameron**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jan. 14, 2005 954 838-7800**  
Date Daytime Phone #