


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90014 014 ****61.25

DOCUMENT # N06092					
1. Entity Name THE ESTATE PLANNING COUNCIL OF NAPLES, INC.					
Principal Place of Business C/O THOMAS E. BOERIO 4099 TAMiami TRAIL N #400 NAPLES, FL 34103 US			Mailing Address C/O THOMAS E. BOERIO 4099 TAMiami TRAIL N #400 NAPLES, FL 34103 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2467170	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOERIO, THOMAS E 4099 TAMiami TRAIL N 400 NAPLES, FL 34103			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD NAME SCHENÀ, KENNETH R STREET ADDRESS 2313 HARRIER RUN CITY-ST-ZIP NAPLES, FL 34105	<input checked="" type="checkbox"/> Delete				
TITLE VPD NAME BERKINSHAW, D. BRUCE STREET ADDRESS 4001 TAMiami TRAIL NORTH CITY-ST-ZIP NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete				
TITLE TD NAME BOERIO, THOMAS E STREET ADDRESS 4099 TAMiami TR N #400 CITY-ST-ZIP NAPLES, FL 34103	<input type="checkbox"/> Delete				
TITLE SD NAME LAW, LESTER B STREET ADDRESS 5551 RIDGEWOOD DRIVE STE 501 CITY-ST-ZIP NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE PD NAME LAW, LESTER B. STREET ADDRESS 765 SEAGATE DR. CITY-ST-ZIP NAPLES, FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE VPD NAME BRADLEY, TODD STREET ADDRESS 5551 RIDGEWOOD DRIVE, STE 501 CITY-ST-ZIP NAPLES, FL 34108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE SD NAME NANCY J. ROSS STREET ADDRESS 2325 VANDERBILT BEACH RD #201 CITY-ST-ZIP NAPLES, FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>Thomas E. Boerio, Treas.</u> 3/5/07 239-262-1040					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					