

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90009 047 \*\*\*\*61.25

**44015304**



<b>DOCUMENT # N06875</b> 1. Entity Name <b>PALM BEACH COUNTY ESTATE PLANNING COUNCIL, INC.</b>					
Principal Place of Business 2547 LOCHMORE ROAD WEST PALM BEACH, FL 33407			Mailing Address C/O ADRIENNE H. GRIFFIN 2547 LOCHMORE ROAD WEST PALM BEACH, FL 33407		
2. Principal Place of Business <b>18838 N. Osprey Way</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 7196</b> Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>Jupiter, FL</b> Zip <b>33458</b>		City & State <b>West Palm Beach, FL</b> Zip <b>33405</b>		4. FEI Number <b>65-0163826</b>	
Country <b>USA</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SELIGMAN, BRENDA</b> <b>11380 PROSPERITY FARMS ROAD</b> <b>SUITE 210B</b> <b>PALM BEACH GARDENS, FL 33410</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RANDALL, CEIL SCHNEIDER ESQ</b> <b>240 ROYAL PALM WAY</b> <b>PALM BEACH, FL 33480</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b>   <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOCHMAN, ELLIOT F ESQ</b> <b>3300 PGA BOULEVARD #500</b> <b>PALM BEACH GARDENS, FL 33410</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b>   <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>GINSBERG, DAVID CFP</b> <b>505 S FLAGLER DR, STE 700</b> <b>WEST PALM BEACH, FL 33401</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD Michael S. Leone, CPA</b> <b>440 Columbus Dr, W. Palm Beach, FL 33409</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MORA, ABE ESQ.</b> <b>777 S FLAGLER DRIVE, WEST TOWER #900</b> <b>WEST PALM BEACH, FL 33401</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b>   <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MCCLOSKEY, DEBRA</b> <b>2401 PGA BLVD., #198</b> <b>PALM BEACH GARDENS, FL 33410</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b>   <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SELIGMAN, BRENDA CPA</b> <b>11380 PROSPERITY FARMS ROAD, STE 210B</b> <b>PBG, FL 33410</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b>   <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: <u>Abraham M. Mora</u> <span style="float: right;">4/3/04 561-802-3230</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<b>Abraham M. Mora</b>					