2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# N06876

Entity Name: PALM BEACH COUNTY ESTATE PLANNING COUNCIL, INC.

Current Principal Place of Business:

2547 LOCHMORE ROAD
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

2547 LOCHMORE ROAD
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 65-0163826 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIFFIN, ADRIENNE
2547 LOCHMORE ROAD
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	RANDELL, CEIL SCHNEIDER ESQ	
Address:	777 S FLAGLER DRIVE, 900W	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	VPD	( ) Delete
Name:	KOHNER, MICHAEL L	
Address:	777 SOUTH FLAGLER DRIVE, SUITE 1010W	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	TD	( ) Delete
Name:	LEONE, MICHAEL S	
Address:	440 COLUMBIA DR.	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	SD	( ) Delete
Name:	HARVAN, DAVID	
Address:	900 S US HIGHWAY ONE #400	
City-St-Zip:	JUPITER, FL 33477	
Title:	D	( ) Delete
Name:	MCCLOSKEY, DEBRA	
Address:	2401 PGA BLVD., #198	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	
Title:	D	( ) Delete
Name:	JONES, MARSHALL	
Address:	470 COLUMBIA DRIVE, #G-201	
City-St-Zip:	WEST PALM BEACH, FL 33409	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VPD	(X) Change ( ) Addition
Name:	KOHNER, MICHAEL L	
Address:	777 SOUTH FLAGLER DRIVE, SUITE 1700W	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL S LEONE TD 04/27/2007

Electronic Signature of Signing Officer or Director — Date