

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
Mar 01 1996 8:00 am  
Secretary of State

**DOCUMENT # 757465 (0)**

1. Corporation Name  
**EPISCOPAL COUNSELING CENTER OF CENTRAL FLORIDA, INC.**



Principal Place of Business Mailing Address  
**1021-A EAST ROBINSON ST. ORLANDO FL 32801-2023**

3. Date Incorporated or Qualified **04/08/1981** 3a. Date of Last Report **01/20/1995**

2. Principal Place of Business 2a. Mailing Address  
**21** Suite, Apt. #, etc. **26** Suite, Apt. #, etc.

4. FEI Number **59-2110055** Applied For Not Applicable

**22** City & State **27** City & State

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

**23** Zip Country **28** Zip Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

**24** Zip Country **25** Zip Country **29** Zip Country **30** Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**FEDOR, MARJORIE R M.A.**  
**1021-A EAST ROBINSON ST.**  
**ORLANDO FL 32801**

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MULLER, WALTER M.D.</b>
STREET ADDRESS	<b>335 KNOWLES AVE.</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>HOSTETTER, H. BLAKE</b>
STREET ADDRESS	<b>350 E. PINE STREET</b>
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HENRY, MIRIAM</b>
STREET ADDRESS	<b>130 S. PHELPS AVE.</b>
CITY-ST-ZIP	<b>WINTER PARK FL 32792</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>POBJECKY, RICHARD (REV)</b>
STREET ADDRESS	<b>414 PINE STREET</b>
CITY-ST-ZIP	<b>TITUSVILLE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PINDER, MARIAN</b>
STREET ADDRESS	<b>2632 MARQUISE COURT</b>
CITY-ST-ZIP	<b>ORLANDO FL 32805</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CROWELL, DON C</b>
STREET ADDRESS	<b>1521 MT VERNON ST.</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Shaw, Thomas</b>
3.3 STREET ADDRESS	<b>P.O. Box 539</b>
3.4 CITY-ST-ZIP	<b>Orlando, FL. 32803</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>D Bryan, David (Rev)</b>
4.3 STREET ADDRESS	<b>P.O. Box 701056</b>
4.4 CITY-ST-ZIP	<b>St. Cloud, FL. 34770-1056</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D Buffington, Carl (Rev)</b>
5.3 STREET ADDRESS	<b>875 Tusawilla Road</b>
5.4 CITY-ST-ZIP	<b>Winter Springs, FL. 32708</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marjorie R. Fedor Date: 2-26-96 (407) 423-3327 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Marjorie R. Fedor, M.A.**

CR2E037 (12/95)