

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757465

1. Entity Name

EPISCOPAL COUNSELING CENTER OF CENTRAL FLORIDA,

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90055 014 ****61.25

Principal Place of Business

Mailing Address

1021-A EAST ROBINSON ST.
 ORLANDO FL 32801-2023

1021-A EAST ROBINSON ST.
 ORLANDO FL 32801-2004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2110055

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~JONES, SHARON F.~~
~~333 SEABREEZE DR.~~
~~INDIALANTIC FL 32903~~

Name
Marjorie E. Spence

Street Address (P.O. Box Number is Not Acceptable)
356 SW Grimaldo Terrace

City
Port St. Lucie

FL

Zip Code
34984

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.

SIGNATURE **Marjorie E. Spence** Executive Director

Marjorie E. Spence 2-21-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MULLER, WALTER M.D.	
STREET ADDRESS	1215 LOUISIANA AVE.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	ED	<input type="checkbox"/> Delete
NAME	JONES, SHARON F.	
STREET ADDRESS	333 SEABREEZE DR.	
CITY-ST-ZIP	INDIALANTIC, FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	DURANEEAU, BONNIE D	
STREET ADDRESS	110 E HILLCREST ST	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIDEA, MARK MD	
STREET ADDRESS	414 MILLS AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOBS, RICHARD G III	
STREET ADDRESS	130 N MAGNOLIA AVE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRUCKART ROBERT, REV	
STREET ADDRESS	2327 ST ANDREW CIRCLE	
CITY-ST-ZIP	MELBOURNE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anne Taylor	
STREET ADDRESS	130 North Magnolia Ave.	
CITY-ST-ZIP	Orlando, FL. 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goldberg, The Rev. Michael	
STREET ADDRESS	460 38th Square SW	
CITY-ST-ZIP	Vero Beach, FL. 32968	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vance, The Rev. Mark	
STREET ADDRESS	50 West Strawbridge Ave.	
CITY-ST-ZIP	Melbourne, FL. 32901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Marjorie E. Spence
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-00
 DATE

561-871-1722
 DAYTIME PHONE #

CR2E037 (9/99)