

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 757465

FILED
Jan 08, 2002
Secretary of State

Entity Name: EPISCOPAL COUNSELING CENTER OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1021-A EAST ROBINSON ST.
ORLANDO, FL 328012023

New Principal Place of Business:

Current Mailing Address:

1021-A EAST ROBINSON ST.
ORLANDO, FL 328012023

New Mailing Address:

FEI Number: 59-2110055 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, SHARON F
333 SEABREEZE DRIVE
INDIALANTIC, FL 32903 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: D () Delete
Name: MULLER, WALTER M.D.,
Address: 1215 LOUISIANA AVE.
City-St-Zip: WINTER PARK, FL

Title: D () Delete
Name: TAYLOR, ANNE
Address: 130 NORTH MAGNOLIA AVE
City-St-Zip: ORLANDO, FL 32801

Title: T () Delete
Name: DURANEEAU, BONNIE D
Address: 110 E HILLCREST ST
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: GOLDBERG, MICHAEL
Address: 460 38TH SQUARE SW
City-St-Zip: VERO BEACH, FL 32968

Title: D () Delete
Name: VANCE, MARK
Address: 50 WEST STRAWBRIDGE AVE.
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: BRUCKART ROBERT, REV
Address: 2327 ST ANDREW CIRCLE
City-St-Zip: MELBOURNE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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 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 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: BONNIE D. DURANCEAU

T

01/08/2002

Electronic Signature of Signing Officer or Director

_____ Date