


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90730 021 ****61.25


DOCUMENT # 757465
1. Entity Name
EPISCOPAL COUNSELING CENTER OF CENTRAL FLORIDA, INC.



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

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number Applied For
59-2110055 Not Applicable

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

6. Name and Address of Current Registered Agent
JONES, SHARON F
333 SEABREEZE DRIVE
INDIALANTIC FL 32903

7. Name and Address of New Registered Agent
Name Dale D. Eshleman
Street Address (P.O. Box Number is Not Acceptable)
4143 Coralbrooke Grove
City Orlando FL Zip Code 32826

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: *Dale D. Eshleman* Dale D. Eshleman, M.S.
Executive Director
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
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | |
|---------------------------------------|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MULLER, WALTER M.D. 1215 LOUISIANA AVE. WINTER PARK FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RIRNIE, SUGIE 160 WHITE OAK CIR. MAITLAND FL 32751 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T PRESLEY, ALISON 437 OPAL CT. ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GOLDBERG, MICHAEL 460 38TH SQUARE SW VERO BEACH FL 32968 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VANCE, MARK 50 WEST STRAWBRIDGE AVE. MELBOURNE FL 32901 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRUCKART ROBERT, REV 2327 ST ANDREW CIRCLE MELBOURNE FL <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|---------------------------------------|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Mr. Jim Emerson 80 West Lucerne Circle Orlando, FL 32801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Casebier, John R. 741 Dixie Pkwy Winter Park, FL 32789-1400 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Rev. Ken Vinal 503 South Saint Dunstan Way Winter Park, FL 32792 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Mr. Covington Brintman 1331 Hobson Street Longwood, FL 32750-7522 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Rev. Patricia A. Spencer 851 Village Lake Drive South Deland, FL 32724 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | The Honorable William C. Gridley 619 Darcey Drive Winter Park 32792 <input type="checkbox"/> Change <input checked="" 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: *Dale D. Eshleman* Dale D. Eshleman, M.S.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 407-423-3327