

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757465

FILED  
Jan 27, 2005  
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:**

ESHLEMAN, DALE D  
4143 CORALBROOKE GROVE  
ORLANDO, FL 32826 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: CASENIER, JOHN R  
Address: 741 DIXIE PKWY  
City-St-Zip: WINTER PARK, FL 32789

Title: T ( ) Delete  
Name: PRESLEY, ALISON  
Address: 437 OPAL CT.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

Title: D ( ) Delete  
Name: EMERSON, JIM  
Address: 80 WEST LUCERNE CIRCLE  
City-St-Zip: ORLANDO, FL 32801

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: D (X) Change ( ) Addition  
Name: CASEBIER, JOHN R  
Address: 741 DIXIE PKWY  
City-St-Zip: WINTER PARK, FL 32789

Title: T (X) Change ( ) Addition  
Name: EVANS, RICHARD C  
Address: 3408 CHATSWORTH LANE  
City-St-Zip: ORLANDO, FL 32812

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BRUCKART, ROBERT REV  
Address: 2327 ST ANDREW CIRCLE  
City-St-Zip: MELBOURNE, FL 32901

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: RICHARD C EVANS

T

01/27/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date