

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757465

FILED
Jul 21, 2011
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
Name: MULLER, WALTER M.D.
Address: 1111 S. LAKEMONT #620
City-St-Zip: WINTER PARK, FL 32792

Title: P
Name: SORVILLO, JAMES SR
Address: 4950 SOUTH APOPKA VINELAND RD
City-St-Zip: ORLANDO, FL 32819

Title: T
Name: LANE, CARTER
Address: 1021 EAST ROBINSON STREET
City-St-Zip: ORLANDO, FL 32801

Title: D
Name: HOUSTON, MARY R
Address: 35 IVANHOE BLVD
City-St-Zip: ORLANDO, FL 32804

Title: D
Name: KLEIN, MARY
Address: 80 WEST LUCERNE CIRCLE
City-St-Zip: ORLANDO, FL 32801

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

I hereby 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 all other like empowered.

SIGNATURE: DALE D. ESHLEMAN

MRS.

07/21/2011

Electronic Signature of Signing Officer or Director

Date