


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90147 024 ****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



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2110055** Applied For
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

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FZE IS \$61.25

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	D	<input type="checkbox"/> Delete
NAME	MULLER, WALTER M.D.	
STREET ADDRESS	1215 LOUISIANA AVE.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, ANNE	
STREET ADDRESS	130 NORTH MAGNOLIA AVE	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	T	<input type="checkbox"/> Delete
NAME	DUBANEAU, BONNIE D	
STREET ADDRESS	110 E HILLCREST ST	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDBERG, MICHAEL	
STREET ADDRESS	460 38TH SQUARE SW	
CITY-ST-ZIP	VERO BEACH FL 32988	
TITLE	D	<input type="checkbox"/> Delete
NAME	VANCE, MARK	
STREET ADDRESS	50 WEST STRAWBRIDGE AVE.	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRUCKART ROBERT, REV	
STREET ADDRESS	2327 ST ANDREW CIRCLE	
CITY-ST-ZIP	MELBOURNE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pinnie, Susie	
STREET ADDRESS	150 White Oak Circle	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Presley, Alison	
STREET ADDRESS	437 Opal Ct.	
CITY-ST-ZIP	Altamonte Springs, FL. 32714	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Sharon F Jones* 2-24-03 4074233397

CR2E037 (10/02)