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

## DOCUMENT # 757465

1. Entity Name EPISCOPAL COUNSELING CEI 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	

FILED Feb 26, 2003 8:00 am Secretary of State 02-26-2003 90147 024 \*\*\*\*61.25

INC.				,							
Principal Plac	ce of Business		Mailing Address		J						
1021-A EAST ROBINSON ST. ORLANDO FL 32801-2023		1021-A EAST ROBINSON ST. ORLANDO FL 32801-2023									
2. Principal F	Place of Busine	SS	3. Mailing Address		· · · -						
Suite, Apt.	. #. etc.		Suite, Apt. #, etc.				_				
·						☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Number <b>59-2110055</b> Applied For Not Applicab						
Zip		Country	Zip	Cou	intry		5. Certificate of S	Status Desired		\$8.75 Ad	
	6. Name a	nd Address of Current	t Registered Agent				7. Name and Ad	dress of New	Registered	············	
	<del></del>	<del></del>			Name	<del></del> -					
JONES,	SHARON F				Street Addi	lress (P.	O. Box Number is	Not Acceptab	le)		
	BREEZE DRIV										
INDIALA	NTIC FL 3290	3			City					Zip Cod	ie .
					City				FL	-   210 000	
IGNATURE .											
SIGNATURE .	Signature, typed or	printed name of registered agen	t and title if applicable. (N	IOTE: Registered	d Agent signature n	required wi	hen reinstating)		DATE		
		FRE IS \$61.25	9. Election C		inancing	, \$	\$5.00 May Be		ake Chec	k Payable	
			9. Election C	Dampaign Fi	inancing	<b>\$</b>	55.00 May Be	Flor	ake Chec ida Depai	tment of	State
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of the corporation or the receiver of histee and each accordance and manufacture snail have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver of histee 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 the empowered.

**SIGNATURE:**