FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 MAR -1 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 765311 (6)

1. Corporation Name

THE EPISCOPAL RETREAT AND CONFERENCE CENTER, DIO CESE OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
OCESE OF CENTRAL FLORIDA, INC. (THE) 1601 ALAFAYA TRAIL OVIEDO FL 32765	OCESE OF CENTRAL FLORIDA, INC. (THE) 1601 ALAFAYA TRAIL OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/06/1982
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-2227052 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

MC QUEEN, PAUL D.
1601 ALAFAYA TRAIL
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	MAHER, JOSEPH	1.2 NAME	Patterson-Urbaniak, Penny
STREET ADDRESS	80 BLUEBIRD LANE	1.3 STREET ADDRESS	2960 Mystic Cove Drive
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	Orlando, FL 32812
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	CHAFFIOT, ROBEANA	2.2 NAME	Mr. Rick Stone
STREET ADDRESS	8 RIVER RIDGE DR	2.3 STREET ADDRESS	982 Stonewood Lane
CITY-ST-ZIP	ROCKLEDGE FL	2.4 CITY-ST-ZIP	Maitland, FL 32751
TITLE	TD	3.1 TITLE	VD ☐ Change ☐ Addition
NAME	NIES, PERRY	3.2 NAME	SD
STREET ADDRESS	30 MAITLAND GROVES RD.	3.3 STREET ADDRESS	Chaffiot, Robeana
CITY-ST-ZIP	MAITLAND FL	3.4 CITY-ST-ZIP	8 River Ridge Drive
TITLE	VD	4.1 TITLE	Rockledge, FL 32955 ☐ Change ☐ Addition
NAME	PATTERSON-URBANIAK , PENNY	4.2 NAME	TD
STREET ADDRESS	1325 N FERNCREEK	4.3 STREET ADDRESS	Bryan, David
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	2745 Canoe Creek Drive
TITLE	V	5.1 TITLE	St. Cloud, FL 34772 ☐ Change ☐ Addition
NAME	LAWTON, EMILY	5.2 NAME	Batterson,Craig
STREET ADDRESS	1208 PARK AVE N	5.3 STREET ADDRESS	2521 Norfolk Road
CITY-ST-ZIP	WINTER PARK FL	5.4 CITY-ST-ZIP	Orlando, FL 32803-1350
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	POWERS, SANDRA	6.2 NAME	Cobb, Jan
STREET ADDRESS	505 LISA LANE	6.3 STREET ADDRESS	308 N. Salisbury
CITY-ST-ZIP	MAITLAND FL	6.4 CITY-ST-ZIP	DeLand, FL 32720

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Penelope Patterson-Urbaniak 3/23/95 407/894-1641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032064