

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



3. Date Incorporated or Qualified
10/06/1982

3a. Date of Last Report
03/01/1995

2. Principal Place of Business

2a. Mailing Address

21 DIOCESE OF CENTRAL FLORIDA, INC.

26 DIOCESE OF CENTRAL FLORIDA, INC.

4. FEI Number
59-2227052

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 Zip Country

29 Zip Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME PETTERSON-URBANIAK, PENNY
STREET ADDRESS 2960 MYSTIC COVE DRIVE
CITY-ST-ZIP ORLANDO FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME REV. LOUIS A. TOWSON
1.3 STREET ADDRESS 201 HARBOR CITY PARKWAY
1.4 CITY-ST-ZIP Satellite Beach, FL 32937

TITLE VD ☒ DELETE
NAME STONE, RICK
STREET ADDRESS 982 STONEWOOD LANE
CITY-ST-ZIP MAITLAND FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME JAN FORTNER
2.3 STREET ADDRESS 210 BUNKER CT
2.4 CITY-ST-ZIP DEBARY, FL 32731

TITLE SD ☐ DELETE
NAME CHAFFIOT, ROBEANA
STREET ADDRESS 8 RIVER RIDGE DRIVE
CITY-ST-ZIP ROCKLEDGE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME SAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD ☒ DELETE
NAME BRYAN, DAVID
STREET ADDRESS 2745 CANOE CREEK DRIVE
CITY-ST-ZIP ST. CLOUD FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Blake Hostetter
4.3 STREET ADDRESS 1922 Temple Dr
4.4 CITY-ST-ZIP Winter Park, FL 32789

TITLE V ☐ DELETE
NAME BATTERSON, CRAIG
STREET ADDRESS 2521 NORFOLK ROAD
CITY-ST-ZIP ORLANDO FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME Same
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE S ☒ DELETE
NAME COBB, JAN
STREET ADDRESS 308 N. SALISBURY
CITY-ST-ZIP DELAND FL

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME SALLY DOWNS
6.3 STREET ADDRESS 1410 S. Summerlin Ave
6.4 CITY-ST-ZIP Orlando, FL 32806

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)