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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DIOCESE OF CENTRAL FLORIDA, INC
1601 ALAFAYA TRAIL
OVIEDO FL 32765
US

DIOCESE OF CENTRAL FLORIDA, INC
1601 ALAFAYA TRAIL
OVIEDO FL 32765-9485
US

3. Date Incorporated or Qualified
10/06/1982

3a. Date of Last Report
04/17/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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30

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
NAME TOWSON, REV LOUIS A.
STREET ADDRESS 201 HARBOR CITY PARKWAY
CITY-ST-ZIP SATELLITE BEACH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V
NAME FORTNER, JAN
STREET ADDRESS 210 BUNKER CT
CITY-ST-ZIP DEBARY FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD
NAME HOSTEHER, BLAKE
STREET ADDRESS 1922 TEMPLE DR
CITY-ST-ZIP WINTER PARK FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE S
NAME DOWNS, SALLY
STREET ADDRESS 1410 S SUMMERLIN AVE
CITY-ST-ZIP ORLANDO FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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

2/21/97 407-365-1571

Daytime Phone # 0014482

CR2E037 (9/96)