


FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90002 025 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 765311 1. Corporation Name THE EPISCOPAL RETREAT AND CONFERENCE CENTER, DIOCESE OF CENTRAL FLORIDA, INC.					
Principal Place of Business DIOCESE OF CENTRAL FLORIDA, INC 1801 ALAFAYA TRAIL OVIEDO FL 32765 US			Mailing Address DIOCESE OF CENTRAL FLORIDA, INC 1801 ALAFAYA TRAIL OVIEDO FL 32765 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		2b		10/06/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2227052	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MC QUEEN, PAUL D. 1801 ALAFAYA TRAIL OVIEDO FL 32765				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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	1.1 TITLE	PD
NAME	TOWSON, REV LOUIS A.	1.2 NAME	Rev. Eric Ravndal
STREET ADDRESS	201 HARBOR CITY PARKWAY	1.3 STREET ADDRESS	102 Wisteria Dr.
CITY-ST-ZIP	SATELLITE BEACH FL	1.4 CITY-ST-ZIP	Longwood, FL 32779
TITLE	V	2.1 TITLE	VD
NAME	PIANTERI, LINDA	2.2 NAME	Patty Tew
STREET ADDRESS	570 S OSCEOLA AVE	2.3 STREET ADDRESS	1015 Lancaster Dr.
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32806
TITLE	SD	3.1 TITLE	SD
NAME	DOWNS, SALLY	3.2 NAME	Chas Bailes
STREET ADDRESS	1413 S. SUMMERLIN AVE	3.3 STREET ADDRESS	833-Seville-Place
CITY-ST-ZIP	ORLANDO FL 32806	3.4 CITY-ST-ZIP	Orlando, FL 32804
TITLE	TD	4.1 TITLE	
NAME	LOOMIS, JIM	4.2 NAME	
STREET ADDRESS	1855 GLEN COVE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 in an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/99 1-407-365-5571

Date

Daytime Phone #

CR2E037 (1-1/98)