

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765311

FILED
Jun 29, 2005
Secretary of State

Entity Name: THE EPISCOPAL RETREAT AND CONFERENCE CENTER, DIOCESE OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2227052 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: HAYNIE, MARTHA
Address: 4117 FLORALWOOD COURT
City-St-Zip: ORLANDO, FL 32812

Title: PD () Delete
Name: HOLLAND, DAVID
Address: 877 BLOCK STREET
City-St-Zip: WINTER PARK, FL 32789

Title: VD () Delete
Name: PIANTIERI, LINDA
Address: 570 OSCEOLA AVE.
City-St-Zip: ORLANDO, FL 32801

Title: SD () Delete
Name: LANG, TOM
Address: 816 SUMMERLIN AVE.
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: HAMILTON, ROGER
Address: 2499 N. WESTMORELAND DR
City-St-Zip: ORLANDO, FL 32804

Title: VD (X) Change () Addition
Name: COOK, TOM
Address: 1140 AUDUBON PLACE
City-St-Zip: ORLANDO, FL 32804

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALISON WALSH

DIR

06/29/2005

Electronic Signature of Signing Officer or Director

Date