

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765311

FILED
Apr 16, 2008
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 ()

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: BAUDER, BRUCE
Address: 202 GREEN LAKE CR.
City-St-Zip: LONGWOOD, FL 32779

Title: PD () Delete
Name: PIERCE, CHARLIE
Address: 1566 EAGLES NEST CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VD () Delete
Name: BATES, TOM
Address: 1020 VALENCIA AVE.
City-St-Zip: ORLANDO, FL 32804

Title: SD () Delete
Name: RICHARDSON, PAM
Address: 2202 WINEBAGO TRAIL
City-St-Zip: FERN PARK, FL 32730

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BRUCE BAUDER

TD

04/16/2008

Electronic Signature of Signing Officer or Director

Date