

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765311

FILED  
Mar 30, 2009  
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:**

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

**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: PAUL D. MCQUEEN

DIRE

03/30/2009

Electronic Signature of Signing Officer or Director

Date