DOCUMENT# 757465	Jar
Entity Name: EPISCOPAL COUNSELING CENTER OF CENTRAL FLORIDA, INC.	Secre CC8
Current Principal Place of Business:	
1021 EAST ROBINSON ST.	
ORLANDO, FL 32801-2023	

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## **Current Mailing Address:**

1021-A EAST ROBINSON ST. ORLANDO, FL 32801-2023

## FEI Number: 59-2110055

## Name and Address of Current Registered Agent:

SENECAL, RITA M 1021 EAST ROBINSON ST. ORLANDO, FL 32801-2023 US Certificate of Status Desired: No

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	E: RITA M. SENECAL		01/22/2015	
	Electronic Signature of Registered Agent		Date	
Officer/Director Detail :				
Title	D	Title	Ρ	
Name	MULLER, WALTER J	Name	SORVILLO, JAMES SR	
Address	1111 S. LAKEMONT #620	Address	4950 SOUTH APOPKA VINELAND RD	
City-State-Zip:	WINTER PARK FL 32792	City-State-Zip:	ORLANDO FL 32819	
Title	D	Title	EXECUTIVE DIRECTOR	
Name	BRUCKART, ROBERT REV	Name	JONES, SHARON DR.	
Address	2327 ST ANDREW CIRCLE	Address	1021 EAST ROBINSON ST.	
City-State-Zip:	MELBOURNE FL 32901	City-State-Zip:	ORLANDO FL 32801-2023	

I hereby 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 all other like empowered.

SIGNATURE: SHARON JONES

EXECUTIVE DIRECTOR 01/22/2015

Electronic Signature of Signing Officer/Director Detail

Date

## FILED Jan 22, 2015 Secretary of State CC8381016073