

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 757465

**Entity Name:** EPISCOPAL COUNSELING CENTER OF CENTRAL FLORIDA, INC.

**FILED**  
**Apr 22, 2013**  
**Secretary of State**  
**CC9067762060**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 59-2110055**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SENECAL, RITA M  
1021-A EAST ROBINSON ST.  
ORLANDO, FL 32801-2023 US

*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: RITA M. SENECA**

**04/22/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name MULLER, WALTER J  
Address 1111 S. LAKEMONT #620  
City-State-Zip: WINTER PARK FL 32792

Title P  
Name SORVILLO, JAMES SR  
Address 4950 SOUTH APOPKA VINELAND RD  
City-State-Zip: ORLANDO FL 32819

Title T  
Name LANE, CARTER  
Address 1021 EAST ROBINSON STREET  
City-State-Zip: ORLANDO FL 32801

Title D  
Name HOUSTON, MARY R  
Address 35 IVANHOE BLVD  
City-State-Zip: ORLANDO FL 32804

Title D  
Name BRUCKART, ROBERT REV  
Address 2327 ST ANDREW CIRCLE  
City-State-Zip: MELBOURNE FL 32901

*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: JAMES SORVILLO**

**PRESIDENT**

**04/22/2013**

Electronic Signature of Signing Officer/Director Detail

Date