

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765311

**Entity Name:** CANTERBURY RETREAT AND CONFERENCE CENTER  
DIOCESE OF CENTRAL FLORIDA, INC.

**FILED**  
**Feb 16, 2024**  
**Secretary of State**  
**6459864729CC**

**Current Principal Place of Business:**

DIOCESE OF CENTRAL FLORIDA, INC  
1017 E. ROBINSON ST  
ORLANDO, FL 32801

**Current Mailing Address:**

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

**FEI Number: 59-2227052**

**Certificate of Status Desired: No**

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

HOLCOMBE, SCOTT T  
1017 E. ROBINSON ST.  
ORLANDO, FL 32801 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: SCOTT T. HOLCOMBE**

**02/16/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, CHAIRMAN  
Name HOLCOMB, JUSTIN S.  
Address 1017 E. ROBINSON ST.  
City-State-Zip: ORLANDO FL 32801

Title MANAGING DIRECTOR  
Name HOLCOMBE, SCOTT T.  
Address 1017 E. ROBINSON ST.  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name PHILLIPS, THOMAS MORGAN  
Address 1601 ALAFAYA TRAIL  
City-State-Zip: OVIEDO FL 32765

Title DIRECTOR  
Name EVANS, ARTHUR  
Address 1601 ALAFAYA TRAIL  
City-State-Zip: OVIEDO FL 32765

*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: JUSTIN HOLCOMB**

**BISHOP**

**02/16/2024**

Electronic Signature of Signing Officer/Director Detail

Date