

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 719107

FILED
Jan 20, 2002 8:00 AM
Secretary of State

Entity Name: THE ENDOWMENT FUND CORPORATION OF THE DIOCESE OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1017 E. ROBINSON ST.
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

1017 E. ROBINSON ST.
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 59-6168979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENNETT, CANON ERNEST L
1017 EAST ROBINSON
ORLANDO, FL 32801 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: PD () Delete
Name: HOWE, JOHN W
Address: % 1017 EAST ROBINSON STREET
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: BAUDER, BRUCE
Address: 201 E. PINE STREET STE 550
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: WOOTEN, COUNCIL
Address: % 1017 EAST ROBINSON STREET
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: BATES, THOMAS
Address: % 1017 EAST ROBINSON STREET
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: HUTCHINSON, BILLY
Address: C/O 1017 E. ROBINSON ST.
City-St-Zip: ORLANDO, FL

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:

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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 for the exemption stated in Section 119.07(3)(i), 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: JOHN W. HOWE

PD

01/20/2002

Electronic Signature of Signing Officer or Director

Date