2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# 719107

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

Current Principal Place of Business:

1017 E. ROBINSON ST.
ORLANDO, FL 328012023 US

New Principal Place of Business:

Current Mailing Address:

1017 E. ROBINSON ST.
ORLANDO, FL 328012023 US

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 ST
ORLANDO, FL 328012023 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: P/D ( ) Delete
Name: HOWE, JOHN W
Address: % 1017 EAST ROBINSON ST
City-St-Zip: ORLANDO, FL 328012023 US

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

Title: D ( ) Delete
Name: WOOTEN, COUNCIL
Address: % 1017 EAST ROBINSON ST.
City-St-Zip: ORLANDO, FL 328012023 US

Title: D ( ) Delete
Name: BATES, THOMAS
Address: % 1017 EAST ROBINSON ST.
City-St-Zip: ORLANDO, FL 328012023 US

Title: D ( ) Delete
Name: HUTCHINSON, BILLY
Address: % 1017 EAST ROBINSON ST.
City-St-Zip: ORLANDO, FL 328012023 US

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:

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 P/D 04/26/2005

Electronic Signature of Signing Officer or Director — Date