


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90077 017 ****70.00

DOCUMENT # 721821					
1. Entity Name EPISCOPAL-CATHOLIC APARTMENTS, INC.					
Principal Place of Business 500 AVENUE L, N.W. WINTER HAVEN, FL 33881			Mailing Address 500 AVENUE L, N.W. WINTER HAVEN, FL 33881		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7206733	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
YOUNG, NEAL 300 3RD ST NW WINTER HAVEN, FL 33881			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	Evans, Tom	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOCASCIO, ANTHONY P		NAME	1816 Lyncrest Road	
STREET ADDRESS	255 SANTA ROSA DR S.E.		STREET ADDRESS	Lakeland FL 33803	
CITY-ST-ZIP	WINTER HAVEN, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Puntal, Peter	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEAUMANN, WILLIAM		NAME	532 ave. M, NW	
STREET ADDRESS	532 AVE. M N.W.		STREET ADDRESS	Winter Haven FL 33881	
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Miller, Lynn	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAW, TIMOTHY		NAME	Box 1062	
STREET ADDRESS	656 AVE L NW		STREET ADDRESS	Lake Alfred FL 33850	
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	Race, Lloyd	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGARRITY, JOHN J		NAME	1400 Ave. D, NE	
STREET ADDRESS	113 HOLMES PLACE S.E.		STREET ADDRESS	Winter Haven FL 33881	
CITY-ST-ZIP	WINTER HAVEN, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIGER, SONNY		NAME		
STREET ADDRESS	P O BOX 794, 523 THORNHILL RD		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33880		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, NEAL		NAME		
STREET ADDRESS	300 3RD ST NW		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Kathleen Long</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <i>Kathleen Long</i>		Date: <i>1/19/06</i> Daytime Phone #: <i>863-295-4481</i>	