


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 08:00 A
Secretary of State

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 - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03132007 Chg-NP CR2E037 (12/06)

4. FEI Number
23-7206733 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**YOUNG, NEAL
 300 3RD ST NW
 WINTER HAVEN, FL 33881**

7. Name and Address of New Registered Agent

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 *Neal Young* DATE **3/19/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	LOCASCIO, ANTHONY P	
STREET ADDRESS	255 SANTA ROSA DR S.E.	
CITY-ST-ZIP	WINTER HAVEN, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS, TOM	
STREET ADDRESS	1816 LYNCREST RD	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAW, TIMOTHY	
STREET ADDRESS	656 AVE L NW	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCGARRITY, JOHN J	
STREET ADDRESS	113 HOLMES PLACE S.E.	
CITY-ST-ZIP	WINTER HAVEN, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	REIGER, SONNY	
STREET ADDRESS	P O BOX 794, 523 THORNHILL RD	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	
TITLE	P	<input type="checkbox"/> Delete
NAME	YOUNG, NEAL	
STREET ADDRESS	300 3RD ST NW	
CITY-ST-ZIP	WINTER HAVEN, FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000720820	
STREET ADDRESS	05/01/07-80121-011 61.25	
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: *Neal Young* DATE: **3/19/07** Daytime Phone #: **863-299-6649**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR