
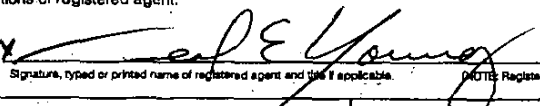
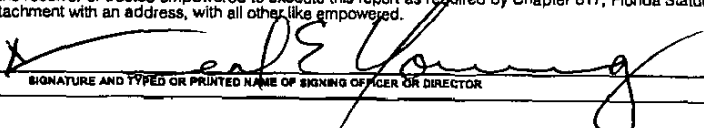


FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90086 028 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7206733	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input 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		
9. 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 		4/14/08		DATE	
Filing Fee is \$61.28 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
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: 		4/14/08		DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		DAYTIME PHONE #	