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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

757465

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EPISCOPAL COUNSELING CENTER OF CENTRAL FLORIDA,

FILED Mar 01 1996 8:00 am **Secretary of State**

Principal Place	of Business	Mailing Address			i 18011 3800; Brillr (800; Brain Bain)		
Principal Place of Business Mailing Address 1021-A EAST ROBINSON ST. ORLANDO FL 32801-2023 Mailing Address 1021-A EAST ROBINSON ST. ORLANDO FL 32801-2023			SON ST.				
					3. Date incorporated or Qualified 04/08/1981	3a. Date of L 01/2	ast Report 0/1995
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
Principal Place of Business		26		30011332		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	11 7 -	.75 Additional ee Required
		City & State			6. Election Campaign Financing	\$	5.00 May Be
City & State	9	28			Trust Fund Contribution	11 7	dded to Fees
Zip	Country	Zip	Cou	intry	8. This corporation has tiability for in	ntangible tax und	er s. 199.032,
	25	29	30			Yes 🔀 No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	egistered Agent	
				B1 Name			
FEDOR.	MARJORIE R M.A.			82 Street Add	dress (P.O. Box Number is Not Acceptable	e)	
1021-A	EAST ROBINSON ST.			-			
	DO FL 32801			83			
				84 City		FL 85	Zip Code
					poration submits this statement for the purp		ite registered of
	ith, and accept the obligations of, Se						
				d Agent signature requ	uired when reinstating)	DATE	OTODO IN 10
IGNATURE	Signature, typed or printed name of registered ag-			d Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	
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red of leterby enter the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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 12 or Block 13 if chapted, or on an attachment with an address.

SIGNATURE:

2-26-96 (407) 423-3327
Daytine Proce #