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 Mar 13 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 757465 (0)
 1. Corporation Name
 EPISCOPAL COUNSELING CENTER OF CENTRAL FLORIDA, INC.



Principal Place of Business Mailing Address
 1021-A EAST ROBINSON ST. ORLANDO FL 32801-2023
 1021-A EAST ROBINSON ST. ORLANDO FL 32801-2048

3. Date Incorporated or Qualified 04/08/1981
 3a. Date of Last Report 03/01/1996
 4. FEI Number 59-2110055 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Zip Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
 PEDOR, MARJORIE R M.A.
 1021-A EAST ROBINSON ST.
 ORLANDO FL 32801

10. Name and Address of New Registered Agent
 81 Name Jones, Sharon F.
 82 Street Address (P.O. Box Number is Not Acceptable) 333 Seabreeze Drive
 83
 84 City Indialantic FL 85 Zip Code 32903

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Sharon F. Jones* Sharon F. Jones Executive Director 2/3/97
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MULLER, WALTER M.D.	
STREET ADDRESS	335 KNOWLES AVE.	
CITY - ST - ZIP	WINTER PARK FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HOFSTETTER, H. BLAKE	
STREET ADDRESS	360 E. PINE STREET	
CITY - ST - ZIP	ORLANDO FL 32804	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAW, THOMAS	
STREET ADDRESS	PO BOX 599	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRYAN, DAVID REV.	
STREET ADDRESS	PO BOX 704056	
CITY - ST - ZIP	ST CLOUD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUFFINGTON, CAR REV.	
STREET ADDRESS	875 TUSKAWILLA RD	
CITY - ST - ZIP	WINTER SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CROWELL, DON G	
STREET ADDRESS	1521 MT VERNON ST.	
CITY - ST - ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1215 Louisiana Ave.
1.4 CITY - ST - ZIP	Winter Park, Fl. 32789
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Executive Director
2.3 STREET ADDRESS	Jones, Sharon F.
2.4 CITY - ST - ZIP	333 Seabreeze Drive Indialantic, Fl. 32903
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	605 E. Robinson St. Suite 510
3.4 CITY - ST - ZIP	Orlando, Fl. 32801
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D.
4.3 STREET ADDRESS	DiDea, Mark, M.D.
4.4 CITY - ST - ZIP	414 Mills Ave. Orlando, Fl. 32803
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D.
6.3 STREET ADDRESS	Garin, George Rev.
6.4 CITY - ST - ZIP	2501 North Westmoreland Drive Orlando, Fl. 32804

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 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 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Sharon F. Jones* 2/3/97 (407) 423-3327
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0015838

CR2E037 (9/96)