


FILE NOW: FILING FEE IS \$61.25

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**Jan 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 757465 (0)
1. Corporation Name
EPISCOPAL COUNSELING CENTER OF CENTRAL FLORIDA, INC.

Principal Place of Business 1021-A EAST ROBINSON ST. ORLANDO FL 32901-2023	Mailing Address 1021-A EAST ROBINSON ST. ORLANDO FL 32901-2023
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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
25 Country	30 Country

3. Date Incorporated or Qualified 04/08/1981		
4. FEI Number 59-2110055	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**JONES, SHARON F.
333 SEABREEZE DR.
INDIALANTIC FL 32903**

10. Name and Address of New Registered Agent

81 Name		
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City	FL	85 Zip Code

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 _____ (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	1215 LOUISIANA AVE.
CITY-ST-ZIP	WINTER PARK FL
TITLE	ED <input type="checkbox"/> DELETE
NAME	JONES, SHARON F.
STREET ADDRESS	333 SEABREEZE DR.
CITY-ST-ZIP	INDIALANTIC FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SHAW, THOMAS
STREET ADDRESS	605 E. ROBINSON ST., STE 510
CITY-ST-ZIP	ORLANDO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	DIDEA, MARK MD
STREET ADDRESS	414 MILLS AVE.
CITY-ST-ZIP	ORLANDO 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	GARIN, GEORGE REV
STREET ADDRESS	2501 N. WESTMORELAND DR.
CITY-ST-ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	Bruckart, The Rev. Robert
6.3 STREET ADDRESS	2327 St. Andrew Circle
6.4 CITY-ST-ZIP	Melbourne, FL

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham* **Sandra B. Mortham**, Secretary of State
 Executive Director (407) 423-3327
 1/15/98

CR2E037 (10/97)