NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757465

1. Corporation Name

EPISCOPAL COUNSELING CENTER OF CENTRAL FLORIDA.

Principal Place of Business

Mailing Address

1021-A EAST ROBINSON ST. ORLANDO FL 32801-2023 1021-A EAST ROBINSON ST. ORLANDO FL 32801-2023

FILED Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90019 046 ****61.25



2. P	2. Principal Place of Business					2a. Mailing Address					3. Date Incorporated or Qualifed				
21	7 :									04/08/19	<u>181 </u>				
 	Suite, Apt. #, etc.				1	Suite, Apt. #, etc.					4. FEI Numbe				plied For
22	2				27						59-21100)55		No	t Applicable
C	City & State				L	City & State					5. Certifcate of	f Status Desire	ed 🗍	\$8.75 A	
23					28						<u> </u>	- :			
Zi	ip	!	Country			Zip Cou				6. Election Campaign Financing			cing []	\$5.00	
24			25		29		30	<u> </u>				Contribution		Added t	o Fees
		<u> </u>	9. Name and	Address of Current	Regi	stered Agent		81	Nama		10. Name and	Address of N	ew Registere	a Agent	
) }								61	Name						
JONES, SHARON F.							82	Street	Address (P.O. Box Number is Not Acceptable)						
333 SEABREEZE DR.							<u> </u>								
INDIALANTIC FL 32903								83							
		_	•					84	City					. 85 Zip (Code
													<u> </u>	' L	
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															registered
	offic ager	e orre nt. Iau	egistered agent, m familiar with. a	or both, in the State of and accept the obligation	n Fiori	da. Such cha f. Section 617	nge was aum '.0503, Florida	Statutes	me corp	Manon	s board or direc	tors. Thereby	occept the ap	pointinoni as 10	
		ì												÷	
SIGN	NAI	UKE	Signature, typed or pr	inted name of registered agent	and title	if applicable.	(NOTE: Re	gistered Agen	t signature	required w	when reinstating)		DATE		
12.		;		OFFICERS AND	DIR	ECTORS		13.			ADDITIONS	CHANGES TO	OFFICERS	AND DIRECTO	
TITLE			D				DELETE	1.1 TITLE						☐ Change	☐ Addition
NAME		ĺ	MULLER, WA	LTER M.D.				1.2 NAME						`.	
STREE	T ADI	RESS	1215 LOUISI					1.3 STREET	ADDRESS						
CITY-S	ST- <i>7</i> 19	,	WINTER PAR					1.4 CiTY-S1	r-ZIP					·	
TITLE	J. L.		ED				DELETE	2.1 TITLE				-	•	☐ Change	☐ Addition
NAME		'	JONES, SHA	RON F.				2.2 NAME				,			
STREE	REET ADDRESS 333 SEABREEZE DR.				2.3 \$			ADDRESS							
CITY-S		i 1	INDIALANTIC			* =		2. 4 CITY-S	T-ZIP			1	was in a	- *	
TITLE	J ,	;	D	,			DELETE	3.1 TITLE		T				Change	Addition
NAME		;	SHAW, THO	AAŚ		221		3.2 NAME		1-	Durance	Su Desen	tasn		. 1
)) = ·							3.3 STREET	ADORESS					· :	
)	ORLANDO FI					3.4. CITY- S		TTO	East Hil	3280I	orrect	•	
CITY-S	31-ZH	<u>, </u>	D	<u> </u>			DELETE	4.1 TITLE		-UE-L	ando, FL	_		☐ Change	Addition
NAME		;	DIDEA, MARK	C MD				4. 2 NAME							
		DRESS	414 MILLS A					4.3 STREET	ADDRESS		•		•	•	
CITY-S		;	ORLANDO FI				·	4.4 CITY-S							
TITLE	الكماد	•	D	<u> </u>		R	DELETE	5.1 TITLE		D		_		☐ Change	Addition
NAME		!	I -	L_CAD_DE\/				5.2 NAME		L	obs, The			ard G. I	II
	,						5.3 STREET	ADDRESS	1	30 North	Magnoli	a Ave.	•		
		1	_					5.4 CITY-S			rlando, H	TL. 3280	1		'
CITY-S	SI-ZI	!	WINTER SPR	INGO TL			DELETE	6.1 TITLE		+-			 	Change	Addition
		.	D BOUCKART I	ODERT DEV				6.2 NAME		1				_ ,	
NAME		, .		ROBERT, REV				6.3 STREET					•		2.4
STREE		1		DREW CIRCLE				6.4 CITY-S		Ί					1
CITY-5	ST-ZII	Р.	MELBOURNE	: FL				6.4 CH17-S	1-211	.1					_ <u>. </u>

4. 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 changedoor on an attachment with an address, with all other like empowered.

SIGNATURE

MINITURE AND TYPED ON FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12599

(457) 952-5482