

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757465

1. Entity Name

EPISCOPAL COUNSELING CENTER OF CENTRAL FLORIDA,

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90055 014 ****61.25

Principal Place of Business 1021-A EAST ROBINSON ST. ORLANDO FL 32801-2023	Mailing Address 1021-A EAST ROBINSON ST. ORLANDO FL 32801-2004
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2110055	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Marjorie E. Spence

Street Address (P.O. Box Number is Not Acceptable)
356 SW Grimaldo Terrace

City
Port St. Lucie

State
FL

Zip Code
34984

8. 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.

SIGNATURE **Marjorie E. Spence** Executive Director *Marjorie E Spence 2-21-00*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

10. 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	T <input type="checkbox"/> Delete
NAME	DURANEEAU, BONNIE D
STREET ADDRESS	110 E HILLCREST ST
CITY-ST-ZIP	ORLANDO FL 32801
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	LOBS, RICHARD G III
STREET ADDRESS	130 N MAGNOLIA AVE
CITY-ST-ZIP	ORLANDO FL 32801
TITLE	D <input type="checkbox"/> Delete
NAME	BRUCKART ROBERT, REV
STREET ADDRESS	2327 ST ANDREW CIRCLE
CITY-ST-ZIP	MELBOURNE FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Anne Taylor
CITY-ST-ZIP	130 North Magnolia Ave. Orlando, FL. 32801
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Goldberg, The Rev. Michael
CITY-ST-ZIP	460 38th Square SW Vero Beach, FL. 32968
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Vance, The Rev. Mark
CITY-ST-ZIP	50 West Strawbridge Ave. Melbourne, FL. 32901
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *Marjorie E. Spence* **2-21-00** **561-871-1722**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (9/99)