

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 757465

FILED
Dec 11, 2008
Secretary of State

Entity Name: EPISCOPAL COUNSELING CENTER OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1021-A EAST ROBINSON ST.
ORLANDO, FL 328012023

New Principal Place of Business:

Current Mailing Address:

1021-A EAST ROBINSON ST.
ORLANDO, FL 328012023

New Mailing Address:

FEI Number: 59-2110055 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ESHLEMAN, DALE D
4143 CORALBROOKE GROVE
ORLANDO, FL 32826 US

Name and Address of New Registered Agent:

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: DALE D. ESHLEMAN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MULLER, WALTER M.D.,
Address: 1155 HOWELL BRANCH ROAD
City-St-Zip: WINTER PARK, FL 32792

Title: P () Delete
Name: CASEBIER, JOHN R
Address: 741 DIXIE PKWY
City-St-Zip: WINTER PARK, FL 32789

Title: T () Delete
Name: EVANS, RICHARD C
Address: 3513 EXETER COURT
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: HOUSTON, MARY R
Address: 35 IVANHOE BLVD
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: KLEIN, MARY
Address: 80 WEST LUCERNE CIRCLE
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: BRUCKART, ROBERT REV
Address: 2327 ST ANDREW CIRCLE
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: SPENCER, PATRICIA A
Address: 851VILLAGE LAKE DRIVE SOUTH
City-St-Zip: DELAND, FL 32724

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA A. SPENCER

P

12/11/2008

Electronic Signature of Signing Officer or Director

Date