

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757465

FILED  
May 19, 2009  
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: \_\_\_\_\_

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: SPENCER, PATRICIA A  
Address: 851 VILLAGE LAKE DRIVE SOUTH  
City-St-Zip: DELAND, FL 32724

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: SORVILLO, JAMES SR  
Address: 4950 SOUTH APOPKA VINELAND RD  
City-St-Zip: ORLANDO, FL 32819

Title: T (X) Change ( ) Addition  
Name: LANE, CARTER  
Address: 1021 EAST ROBINSON STREET  
City-St-Zip: ORLANDO, FL 32801

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: JAMES SORVILLO, SR.

P

05/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date