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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:20

DOCUMENT # 768991 (2)
1. Corporation Name
EPISCOPAL CHRISTIAN CARING FUND OF CENTRAL FLORIDA, INC.

Principal Place of Business Mailing Address
1017 E ROBINSON ST ORLANDO FL 32801-2023
1017 E. ROBINSON ST ORLANDO FL 32801-2023 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/20/1983** 3a. Date of Last Report **01/13/1994**
4. FEI Number **59-2367721** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 Zip 29 Country 30

9. Name and Address of Current Registered Agent
**WILEN, ZELLA W.
48 OAKMONT CIRCLE
ORMOND BEACH FL 32174**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MILLER, JACK
STREET ADDRESS	901 S. ATLANTIC AVE #208
CITY - ST - ZIP	ORMOND BEACH FL
TITLE	S
NAME	MILLER, DOROTHY
STREET ADDRESS	901 S. ATLANTIC AVE #208
CITY - ST - ZIP	ORMOND BEACH FL
TITLE	DT
NAME	WILEN, ZELLA W
STREET ADDRESS	48 OAKMONT CIRCLE
CITY - ST - ZIP	ORMOND BEACH FL
TITLE	D
NAME	BROWN, MARSHALL H
STREET ADDRESS	1709 N BERMUDA AVE
CITY - ST - ZIP	KISSIMMEE FL
TITLE	D
NAME	CLARK, EUGENE
STREET ADDRESS	140 S.E. 34TH STREET
CITY - ST - ZIP	SATELLITE BCH FL
TITLE	D
NAME	FITE, MARTY
STREET ADDRESS	4616 PEBBLE BAY SOUTH
CITY - ST - ZIP	VERO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/V/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MIKOWSKI WILLA	
1.3 STREET ADDRESS	162 CAMELIA DR., M.F.L.	
1.4 CITY - ST - ZIP	LEESBURG, FL 34788	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KUMP MARY F.	
2.3 STREET ADDRESS	1100 CEDAR STREET	
2.4 CITY - ST - ZIP	LEESBURG, FL 34788	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WALTON LEE	
3.3 STREET ADDRESS	1017 EAST ROBINSON	
3.4 CITY - ST - ZIP	ORLANDO, FL 32801	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	THOMPSON WARREN N.	
4.3 STREET ADDRESS	1017 EAST ROBINSON STREET	
4.4 CITY - ST - ZIP	ORLANDO, FL 32801	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	THOMAS JAMES A.	
5.3 STREET ADDRESS	2214 VIA LUNA	
5.4 CITY - ST - ZIP	WINTER PARK, FL 32789	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DELETE: FITE, MARTY	
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Zella W. Wilen Zella W. Wilen, Treasurer February 15, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Figure 4)

804-677-0872

1995 CORPORATION ANNUAL REPORT - STATE OF FLORIDA

DOCUMENT #768991 (2)

CONTINUATION LIST OF OFFICERS AND DIRECTORS:

D

JOHNSON, PHILIP
5641 ROYAL PINE BLVD.
ORLANDO, FL 32807

D

SAUNDERS, PAT
2908 SE FORT KING STREET
OCALA, FL 34470

D/B

HOWE, JOHN W.
1017 E ROBINSON ST
ORLANDO, FL 32801-2023

D/C

BENNETT, ERNEST
1017 E ROBINSON ST
ORLANDO, FL 32801-2023

EPISCOPAL CHRISTIAN CARING FUND OF CENTRAL FLORIDA, INC.
1017 EAST ROBINSON ST
ORLANDO, FL 32801-2023

59-2367721

Zella W. Wilen, Treasurer