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Feb 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/20/1983	3a. Date of Last Report 03/18/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2367721	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent WILEN, ZELLA W. 48 OAKMONT CIRCLE P.O. BOX 780184 ORMOND BEACH FL 32174	Robert Thomas 2145 Venetian way Winter Park FL 32789	81. Name Robert Thomas	10. Name and Address of New Registered Agent
		82. Street Address (P.O. Box Number is Not Acceptable) 2145 Venetian way	
		83.	
		84. City Winter Park	85. Zip Code FL 32789

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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Robert Thomas* Robert Thomas Treasurer/Director 2-3-97
DATE: 2-3-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, WARREN N	1.2 NAME	Lee Walton
STREET ADDRESS	1017 E. ROBINSON ST	1.3 STREET ADDRESS	PO Box 822 1017 E Robinson ST
CITY-ST-ZIP	ORLANDO FL 32801	1.4 CITY-ST-ZIP	Gauge Lake, FL 32839 Orlando FL 32801
TITLE	DS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director/secretary DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUMP, MARY F Director only NO longer	2.2 NAME	M. Dale Weil
STREET ADDRESS	1100 CEDAR STREET	2.3 STREET ADDRESS	2051 oak circle
CITY-ST-ZIP	LEESBURG FL 34748 Secretary	2.4 CITY-ST-ZIP	Mr. Dora FL 32757
TITLE	DT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director/Treasurer DT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILEN, ZELLA W	3.2 NAME	Robert Thomas
STREET ADDRESS	48 OAKMONT CIRCLE	3.3 STREET ADDRESS	2145 Venetian way
CITY-ST-ZIP	ORMOND BEACH FL	3.4 CITY-ST-ZIP	Winter Park FL 32789
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Emergent Bank Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, MARSHALL H	4.2 NAME	Eugene Clark
STREET ADDRESS	1709 N BERMUDA AVE	4.3 STREET ADDRESS	140 SE 3rd ST.
CITY-ST-ZIP	KISSIMEE FL 34741	4.4 CITY-ST-ZIP	Satellite Beach FL 32937
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	SAUNDERS, PATRICIA	5.2 NAME	
STREET ADDRESS	2908 SE FORT KING ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	5.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	MOKOWSKI, WILLA	6.2 NAME	
STREET ADDRESS	162 CAMELLIA DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34788	6.4 CITY-ST-ZIP	

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: *Robert Thomas* Robert Thomas 2-3-97 407-339-2200
DATE: 2-3-97 DAYTIME PHONE: 407-339-2200

CR2E037 (9/96)

EPISCOPAL CHRISTIAN CARING FUND OF CENTRAL FLORIDA, INC. 2/3/97

59-2367721

1017 E ROBINSON ST
ORLANDO, FL 32801-2023

CONTINUATION SHEET FOR DOCUMENT #768991 (2) 1997

D
CLARK, MARY
140 S. E. 3 rd Street
SATELLITE BEACH, FL 32937

D
JOHNSON, PHILLIP
9103 WAYWOOD CT.
ORLANDO, FL 32825

EXO
HOWE, JOHN
1017 E. ROBINSON ST.
ORLANDO, FL 32801

EXO
BENNETT, ERNEST
1017 E. ROBINSON ST.
ORLANDO, FL 32801