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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
06/20/1983

4. FEI Number
59-2367721

Applied For	Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

THOMAS, ROBERT
2145 VENETIAN WAY
P O BOX 730184
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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** DATE **2/27/98**

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

12. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	THOMPSON, WARREN N	
STREET ADDRESS	1017 E. ROBINSON ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KUMP, MARY F	
STREET ADDRESS	1100 CEDAR STREET	
CITY-ST-ZIP	LEESBURG FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	THOMAS, ROBERT	
STREET ADDRESS	2145 VENETIAN WAY	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, MARSHALL H	
STREET ADDRESS	1709 N BERMUDA AVE	
CITY-ST-ZIP	KISSIMEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAUNDERS, PATRICIA	
STREET ADDRESS	2908 SE FORT KING ST	
CITY-ST-ZIP	OCALA FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MOKOWSKI, WILLA	
STREET ADDRESS	182 CAMELLIA DRIVE	
CITY-ST-ZIP	LEESBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WEIL, M. DALE	
1.3 STREET ADDRESS	2051 OAK CIRCLE	
1.4 CITY-ST-ZIP	MOUNT DORA FL 32757	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 *Will Saunders* DATE **2-27-98** **407-629-6627**

CFR2E037 (10/97)